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INDEX.

	Year.	Page.
Abscess of Dura Mater. J. K. Warren, M.D.	1880	101
Address of President T. S. Scales, M.D.	1880	10
" " W. H. Lougee, M.D.	1881	10
" " J. T. Harris, M.D.	1882	27
Amendments to By-laws	1882	6
" "	1883	8
Annual Meeting, Report of	1880	3
" "	1881	3
" "	1882	3
" "	1883	3
Antiseptic Wound Treatment. Horace Packard, M.D.	188-	72
Aphorisms on the Methods of proving or testing the Efficacy of Drugs. J. P. Sutherland, M.D.	1883	77
Application of Extension to Incipient Spinal Deflection. H. M. Jernegan, M.D.	1880	41
Autopsy of the Late J. H. Woodbury, M.D. Reported by H. M. Jernegan, M.D.	1880	48
Bennett, H. K., M.D. Sub-involution of the Uterus	1880	65
" " Influence of Uterine Disease on Health	1880	137
" " Treatment of Uterine Displacements	1881	88
Boothby, A., M.D. Modern Lithotrity	1882	82
By-laws, Amendments to	1882	6
" "	1883	8
Carmichael, J. H., M.D. Suppuration of Mastoid Cells	1880	97
" " Granular Polypus of the Bladder	1883	55
" " Laceration of Cervix Uteri	1883	57
Carvill, A. H., M.D. Rupture of Urethra	1882	78
Case from Practice of Dr. Flanders. Reported by Stella Manning, M.D.	1881	114
Catarrhal Pneumonia. D. B. Whittier, M.D.	1882	49
Chamberlain, W. B., M.D. Change of Climate	1881	35
" " Diet in Typhoid	1881	111
" " Water Treatment of Typhoid	1881	103

Digitized by Google

	Year.	Page.
Change of Climate. W. B. Chamberlain, M.D.	1881	35
Church, A. B., M.D. Remarkable Case of Pregnancy	1882	24
" " Ovulation and Menstruation	1883	61
Clapp, J. Wilkinson, M.D. On the Need of a Standard in the Preparation of our Tinctures	1883	85
Climate as an Element of the Materia Medica. E. U. Jones, M.D.	1880	24
Climate of Cumberland Plateau. E. P. Colby, M.D.	1882	9
Clinical Case. Charles Sturtevant, M.D.	1881	59
" " Stella Manning, M.D.	1883	37
" " Charles Sturtevant, M.D.	1883	38
Coffin, John L., M.D. Oration	1881	94
Colby, E. P., M.D. Climate of Cumberland Plateau	1882	9
Congenital Cataract. F. A. Warner, M.D.	1882	47
Cushing, A. M., M.D. A Few Important Objective Symptoms	1882	44
" " President. Remarks at October Meeting	1882	65
Deferred Labor. H. E. Spalding, M.D.	1882	19
Delegates present. April	1880	5
" " October	1880	84
" " April	1881	7
" " "	1882	6
" " October	1882	70
" " April	1883	6
Diabetes Insipidus. L. A. Phillips, M.D.	1880	55
Diet in Typhoid-fever. W. B. Chamberlain, M.D.	1881	111
Disinfection. E. U. Jones, M.D.	1881	46
Diphtheria, Case of. D. G. Woodvine, M.D.	1880	130
" " J. H. Sherman, M.D.	1883	31
Dress. E. L. Eastman, M.D.	1881	92
Dyscotia. E. P. Scales, M.D.	1883	9
Eastman, E. L., M.D. Dress	1881	92
Election of Members. April	1880	3
" " October	1880	83
" " April	1881	3
" " October	1881	71
" " April	1882	3
" " October	1882	65
" " April	1883	3
" " October	1883	49
Election of Officers	1880	7
" "	1881	7
" "	1882	6
" "	1883	7
Endocarditis, Case of. W. F. Hathaway, M.D.	1881	31
Etiology and Symptoms of Uterine Displacements. Laura M. Porter, M.D.	1881	85

Digitized by Google

	Year.	Page.
Farnsworth, C. H., M.D. Rupture of Blood-vessel in Brain of a New-born Child	1881	66
Flanders, M. J., M.D. Teething Diarrhœa	1882	52
" " Scarlatinal Nephritis	1883	34
Foreign Bodies in the Ear. F. W. Payne, M.D.	1880	115
French, A. J., M.D. Malarious Poison	1880	123
Functional Diseases. W. H. Lougee, M.D.	1881	10
Gale, Stephen M., M.D. Obituary	1882	13
Gall of Rattlesnake. J. Heber Smith, M.D.	1880	81
Gersdorff, E. B. de., M.D. Zymosis	1882	99
Graham, Mary J., M.D. Obituary	1883	54
Granular Polypus of the Bladder. J. H. Carmichael, M.D.	1883	55
Gynecological Practice, Some Facts regarding. L. A. Phillips, M.D.	1883	70
Harris, J. T., M.D. President's Address	1882	27
" " Vaccination	1883	27
Hathaway, W. F., M.D. Case of Endocarditis	1881	31
Heart-clot and Death. J. H. Sherman, M.D.	1880	50
Hedenberg, James, M.D. Nephralgia Calculosa, followed by Neuralgia of the Bladder	1880	35
Hip-disease, Case of. R. E. Jameson, M.D.	1880	40
Hydrocele Radical Cure. J. H. Sherman, M.D.	1881	74
Important Objective Symptoms. A. M. Cushing, M.D.	1882	44
Incised Wounds. J. K. Warren, M.D.	1881	79
Inflammation of Prostate. R. E. Jameson, M.D.	1881	34
Ingluvin for Vomiting in Pregnancy. F. D. Leslie, M.D.	1883	40
Influence of Uterine Disease on Health. H. K. Bennett, M.D.	1880	137
Insane-Hospital. Report of Committee	1881	81
" " " "	1882	38
" " " "	1883	41
Intra-mural Uterine Febroids. W. E. Richards, M.D.	1882	59
Jackson, W. L., M.D. Malignant Tumor of the Breast	1880	104
" " Prolapsus Uteri	1882	80
Jameson, R. E., M.D. Case of Hip-disease	1880	40
" " Case of Rachitis	1880	39
" " Inflammation of Prostate	1881	34
" " Meningitis with Effusion, complicating Measles	1881	65
" " Sub-involution of Uterus	1883	39
Jernegan, H. M., M.D. Application of Extension to Incipient Spinal Deflections	1880	41
" " Autopsy of Late J. H. Woodbury, M.D.	1880	48
" " Sprained Ankle in the Flat-footed	1880	47
Jones, E. U., M.D. Climate as an Element of the Materia Medica,	1880	24
" " Disinfection	1881	46

Digitized by Google

	Year.	Page.
Laceration of Cervix Uteri. J. H. Carmichael, M.D.	1883	57
Leslie, F. D., M.D. Ingluvin for Vomiting in Pregnancy	1883	40
Lougee, W. H., M.D. Case of Typhoid-fever	1880	52
" " Pelvic Cellulitis	1880	57
" " President's Address	1881	10
Lumbo-colotomy. James Utley, M.D.	1880	106
Malarious Poison. A. J. French, M.D.	1880	123
Malignant Tumor of the Breast. W. L. Jackson, M.D.	1880	104
Manning, Stella, M.D. Case from Practice of Dr. Flanders	1881	114
" " Clinical Case	1883	37
Marasmus. E. P. Scales, M.D.	1882	56
Materia Medica (Report). C. L. Nichols, M.D.	1882	107
Members, Election of. April	1880	3
" " October	1880	83
" " April	1881	3
" " October	1881	71
" " April	1882	3
" " October	1882	65
" " April	1883	3
" " October	1883	49
Members, List of, 1881	1881	117
Membranous Dysmenorrhœa. L. A. Phillips, M.D.	1880	141
Meningitis with Effusion, complicating Measles. R. E. Jameson, M.D.	1881	65
Modern Lithotrity. A. Boothby, M.D.	1882	82
Moores, C. A., M.D. Case of Puerperal Convulsions	1880	74
Morse, M. V. B., M.D. Puerperal Eclampsia	1880	70
Morse, N. R., M.D. Necrology	1882	13
Necrology. N. R. Morse, M.D.	1882	13
" C. H. Walker, M.D.	1883	52
Necrosis with Calcification of the Arteries. J. K. Warren, M.D.	1880	100
Need of a Standard in the Preparation of our Tinctures. J. Wilkinson Clapp, M.D.	1883	85
Nephralgia Calculosa, followed by Neuralgia of the Bladder. James Hedenberg, M.D.	1880	35
Nichols, C. L., M.D. Rules for Proving	1882	108
Obesity. J. H. Sherman, M.D.	1881	113
Observations on Tubercular Meningitis. D. B. Whittier, M.D.	1881	22
Officers of Society, List of, 1880–81	1880	80
" " " 1881–82	1881	70
" " " 1882–83	1882	64
" " " 1883–84	1883	48
On the Uses and Abuses of the Probe. I. T. Talbot, M.D.	1881	75
Oration. J. L. Coffin, M.D.	1881	94

Digitized by Google

	Year.	Page.
Otorrhœa of Childhood, John H. Payne, M.D.	1880	111
Ovariotomy. I. T. Talbot, M.D.	1882	92
Ovaritis. L. A. Phillips, M.D.	1882	95
Ovulation and Menstruation. A. B. Church, M.D.	1883	61
Packard, Horace, M.D. Antiseptics	1882	72
Payne, F. W., M.D. Foreign Bodies in the Ear	1880	115
Payne, John H., M.D. Otorrhœa of Childhood	1880	111
Pease, Giles, M.D. Obituary	1882	17
Pelvic Cellulitis. W. H. Lougee, M.D.	1880	57
Phillips, L. A., M.D. Case of Diabetes Insipidus	1880	55
" " Membranous Dysmenorrhœa	1880	141
" " Trillium Pendulum as a Uterine Hæmostatic	1880	68
" " Ovaritis	1882	95
" " Some Facts regarding Gynecological Practice	1883	70
Porter, Laura M., M.D. Etiology and Symptoms of Uterine Displacements	1881	85
President's Address. T. S. Scales, M.D.	1880	10
" " W. H. Lougee, M.D.	1881	10
" " J. T. Harris, M.D.	1882	27
Prolapsus Uteri. W. L. Jackson, M.D.	1882	80
Puerperal Convulsions. C. A. Moores, M.D.	1880	74
Puerperal Eclampsia. M. V. B. Morse, M.D.	1880	70
Puerperal Septicæmia and Antiseptic Midwifery. H. E. Spalding, M.D.	1883	11
Rachitis, Case of. R. E. Jameson, M.D.	1880	39
Rand, N. W., M.D. Tartar Emetic	1880	88
Remarkable Case of Pregnancy. A. B. Church, M.D.	1882	24
Report of Annual Meeting, April 14	1880	3
" Semi-Annual Meeting, Oct. 13	1880	81
" Annual Meeting, April 13	1881	3
" Semi-Annual Meeting, Oct. 12	1881	71
" Annual Meeting, April 12	1882	3
" Semi-Annual Meeting, Oct. 11	1882	65
" Annual Meeting, April 11	1883	3
" Semi-Annual Meeting, Oct. 10	1883	49
" Chairman Committee on Vaccination. I. T. Talbot, M.D.	1883	23
" Committee on State Homœopathic Insane-Asylum	1881	81
" " " " " "	1882	38
" " " " " "	1883	41
" Committee Materia Medica. C. L. Nichols, M.D.	1882	107
" Treasurer	1880	4
" "	1881	4
" "	1882	4

Digitized by Google

	Year.	Page.
Report of Treasurer	1883	4
Richards, W. E., M. D. Suppressed Malaria	1881	32
" " Intra-mural Uterine Febroids	1882	59
Rules for Proving. C. L. Nichols, M.D.	1882	108
Rupture of Blood-vessel in Brain of a New-born Child. C. H. Farnsworth, M.D.	1881	66
Rupture of Urethra. A. H. Carvill, M.D.	1882	78
Russell, George, M.D. Obituary	1883	52
Scales, E. P., M.D. Dyscotia	1883	9
" " Marasmus	1882	56
Scales, T. S., M.D. President's Address	1880	10
Scarlatinal Nephritis. M. J. Flanders, M.D.	1883	34
Semi-Annual Meeting, Report of, Oct. 13	1880	81
" " " Oct. 12	1881	71
" " " Oct. 11	1882	65
" " " Oct. 10	1883	49
Sherman, J. H., M.D. Heart-clot and Death	1880	50
" " Hydrocele Radical Cure	1881	74
" " Obesity	1881	113
" " Diphtheria, Case of	1883	31
Smith, J. Heber, M.D. Gall of the Rattlesnake	1880	81
Spalding, H. E., M.D. Deferred Labor	1882	19
" " Puerperal Septicæmia and Antiseptic Midwifery	1883	11
Sprained Ankle in the Flat-footed. H. M Jernegan, M.D.	1880	47
Sturtevant, Charles, M.D. Clinical Case	1881	59
" " " "	1883	38
Sub-involution of the Uterus. H. K. Bennett, M.D.	1880	65
Sub-involution of the Uterus. R. E. Jameson, M.D.	1883	39
Sulphur in Disturbed Sleep of Children. A. H. Tompkins, M.D.	1881	60
Suppressed Malaria. W. E. Richards, M.D.	1881	32
Suppuration of Mastoid Cells. J. H. Carmichael, M.D	1880	97
Sutherland, J. P., M.D. Aphorisms on the Methods of proving or testing the Efficacy of Drugs	1883	77
Talbot, I. T., M.D. On the Uses and Abuses of the Probe	1881	75
" " Ovariotomy	1882	92
" " Vaccination	1883	23
Tartar Emetic. Seven Cases of Poisoning. N. W. Rand, M.D.	1880	88
Teething Diarrhœa. M. J. Flanders, M.D.	1882	52
Tompkins, A. H., M.D. Sulphur in Disturbed Sleep of Children,	1881	60
Treasurer's Report	1880	4
" "	1881	4
" "	1882	4
" "	1883	4
Treatment of Uterine Displacements. H. K. Bennett, M.D.	1881	88

Digitized by Google

	Year.	Page.
Trillium Pendulum as a Uterine Hæmostatic. L. A. Phillips, M.D.	1880	68
Typhoid-fever, Case of. W. H. Lougee, M.D.	1880	52
Utley, James, M.D. Lumbo-colotomy	1880	106
Vaccination. Report of Chairman of Committee. I. T. Talbot, M.D.	1883	23
Vaccination. J. T. Harris, M.D.	1883	27
Walker, C. H., M.D. Necrologist	1883	52
Warner, F. A., M.D. Congenital Cataract	1882	47
Warren, J. K., M.D. Abscess of Dura Mater	1880	101
" " Necrosis with Calcification of the Arteries,	1880	100
" " Incised Wounds	1881	79
Water Treatment of Typhoid. W. B. Chamberlain, M.D. . .	1881	103
Wheeler, M. P., M.D. Whooping-cough	1882	51
Whittier, D. B., M.D. Observations on Tubercular Meningitis .	1881	22
" " Catarrhal Pneumonia	1882	49
Whooping-cough. M. P. Wheeler, M.D.	1882	51
Woodvine, D. G., M.D. Cases of Diphtheria	1880	130
Zymosis. E. B. de Gersdorff, M.D.	1882	99

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PROCEEDINGS OF THE FORTIETH ANNUAL MEETING, APRIL 14, 1880.

THE Fortieth Annual Meeting of the Society was held in Wesleyan Hall, 36 Bromfield Street, Boston, Wednesday, April 14, 1880.

MORNING SESSION.

The Society was called to order at 10.10 A.M., by the President, T. S. SCALES, M.D., of Woburn, who called upon the Rev. H. F. BARNES, of Winchester, who invoked Divine guidance upon this session of the Society and all its members.

The reading of the records of the last semi-annual meeting was omitted, as they had already been published and distributed.

The records of the January and special meetings of the Executive Committee were read by the Secretary and approved.

PRESIDENT'S ADDRESS.

T. S. SCALES, M.D., the President, now delivered the annual address. (I.)

NEW MEMBERS.

The following candidates having passed the Board of Censors, and received the recommendation of the Executive Committee, were elected to membership: —

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HENRY A. BROWN, M.D., Reading; M. LOUISA CUMMINGS, M.D., Boston; O. G. ROSS, M.D., Revere; O. B. SANDERS, M.D., Boston; ALBERT H. TOMPKINS, M.D., Jamaica Plain; EDW. L. MELLUS, M.D., Worcester; S. IDA DUDLEY, M.D., Boston; E. H. ELLIS, M.D., Marlboro'; WEBSTER O. HARDY, M.D., Grafton Centre; N. W. RAND, M.D., Monson; O. W. ROBERTS, M.D., Ware; C. R. ROGERS, M.D., Westboro'; GEO. E. PERCY, M.D., Boston.

TREASURER'S REPORT.

The report of the Treasurer, H. C. CLAPP, M.D., Boston, showed a balance in the Treasury of $159.15.

REPORT OF SPECIAL COMMITTEES.

LEWIS WHITING, M.D., of Danvers, presented a report from the Committee appointed to consider the amendment offered by Dr. N. R. MORSE, which was favorable to the proposed change. On motion, the report of the Committee was accepted and the following By-Law adopted as a substitute for the present Article XIX.

ART. XIX. — Every applicant for membership shall deposit with his application in the hands of the Recording Secretary, the sum of five dollars ($5.00), and shall, upon his election, receive therefor the Diploma of the Society, signed by the President and Secretary. Should an applicant fail of election, the money shall be returned to him.

REPORT OF COMMITTEE ON CLIMATOLOGY.

The Committee on Climatology reported through the Chairman, E. U. JONES, M.D., Taunton, who read a valuable paper entitled "Climate as an Element of the Materia Medica." (II.)

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REPORT OF COMMITTEE ON PÆDOLOGY.

CHAS. STURTEVANT, M.D., Hyde Park, Chairman of the Committee, presented the following papers: —

1. Case of Nephralgia Calculosa, followed by Neuralgia of the Bladder. JAS. HEDENBERG, M.D., Medford. (III.)

2. Case of Rachitis. R. E. JAMESON, M.D., Jamaica Plain. (IV.)

3. Case of Hip Disease. R. E. JAMESON, M.D., Jamaica Plain. (V.)

Committee on Pharmacy made no report.

REPORT OF COMMITTEE ON SURGERY.

The Chairman, H. M. JERNEGAN, M.D., Boston, presented the following papers: —

1. The Application of Extension to Incipient Spinal Deflections. H. M. JERNEGAN, M.D., Boston. (VI.)

2. Fracture of the Internal Condyle of the Humerus, with Fracture of the Shaft at Lower Third. GEO. H. PAYNE, M.D., Boston.

3. Traumatic Ulcer. GEO. E. PERCY, M.D., Boston.

4. Sprained Ankle in the Flat-footed. H. M. JERNEGAN, M.D., Boston. (VII.)

5. Autopsy of the late J. H. WOODBURY, M.D., Boston. Reported by H. M. JERNEGAN, M.D., Boston. (VIII.)

6. Anæsthetics. J. H. CARMICHAEL, M.D., Worcester.

RECEPTION OF DELEGATES.

Dr. HENRY M. SMITH, of New York, Delegate from the New York State Society, Dr. J. C. BUDLONG, Dele-

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gate from the Rhode Island State Society, Drs. PECK and VON GOTTSCHALK from the same Society, were severally introduced and made appropriate remarks.

ADJOURNMENT.

At 1 P.M., the Society adjourned for Lunch.

AFTERNOON SESSION.

The meeting was called to order by the President at 2 P.M.

ELECTION OF OFFICERS.

The first business of the afternoon was the election of officers for the ensuing year. The President appointed Drs. Jameson and Wheeler, a Committee to collect and count the ballots.

Dr. N. R. MORSE, Recording Secretary, rose and said that he must decline the honor of an election, or being a candidate for the same. He had served the Society for the past two years faithfully and to the best of his ability, and while he could do no more, he felt that he had been instrumental in saving the Society some $1,500 in the cost of its publications during that time. When he became Secretary, the proceedings of the Society had not been published since 1870; they are now completed to date; the Society is out of debt, prosperous and united, the meeting to-day being the largest ever held. Thanking the Society for their uniform kindness and courtesy in the past, he must, in view of the great labor involved, *most positively* decline to be a candidate for re-election, and he hoped that the other nominee, Dr. Chase, would receive the *unanimous* vote of the Society.

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The election resulted as follows: —

President, W. H. LOUGEE, M.D., Lawrence; *Vice-Presidents*, WALTER WESSELHOEFT, M.D., Cambridge, JOS. W. HAYWARD, M.D., Taunton; *Corresponding Secretary*, R. E. JAMESON, M.D., Jamaica Plain; *Recording Secretary*, H. A. CHASE, M.D., Cambridgeport; *Treasurer*, H. C. CLAPP, M.D., Boston; *Librarian*, J. T. HARRIS, M.D., Boston; *Censors*, JAMES HEDENBERG, M.D., Medford; CHARLES STURTEVANT, M.D., Hyde Park; G. F. FORBES, M.D., West Brookfield; LEWIS WHITING, M.D., Danvers; H. E. SPALDING, M.D., Hingham.

On motion of E. P. SCALES, M.D., of Newton, it was unanimously voted that the *special* thanks of the Society be, and are, hereby extended to Dr. N. R. Morse, Recording Secretary, in view of his assiduous labors in behalf of the Society, and for the prompt and successful manner in which he had performed all the various duties of the office during the past two years.

REPORT OF COMMITTEE ON PRESIDENT'S ADDRESS.

The Committee upon that portion of the President's address referring to the deceased members of the Society, respectfully report that they have read that portion of the address and heartily endorse the sentiment therein contained.

In the death of WM. BUSHNELL, M.D., the Society has lost one of its early members, respected and esteemed by all who knew him, during his long and useful life.

In the deaths of WM. R. BARTLETT, M.D., and L. G. HOWE, Jr., M.D., who were members of the same class in the Medical School — graduating in 1877 — young, promising and valuable members have been taken from us, whose untimely decease we deplore.

In the death of GEORGE A. ADAMS, M.D., in the words of the President, "Those who have been blest by his ministrations, feel that they have individually sustained a great loss."

In the death of MARY G. BAKER, M.D., the Society has been deprived of one, who, by her womanly excellence as well as professional attainments, had secured the respect and esteem of a large circle of friends and acquaintances.

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In the death of JOHN H. WOODBURY, M.D., this Society has lost a prominent member. He held the position of President and other offices, and was an efficient worker in its various committees. In the organization of the Massachusetts Homœopathic Hospital he took an active and prominent part, and on the establishment of the Medical School of Boston University, he was elected Registrar and Professor of Gynæcology, which positions he filled for five years. He was an able and attractive teacher, securing the esteem of the students who listened to his instructions. As a practitioner of medicine, he was known and respected by a large circle of friends who mourn his loss.

Respectfully submitted,

DAVID THAYER,
H. L. CHASE,
I. T. TALBOT.

REPORT OF COMMITTEE ON CLINICAL MEDICINE.

Dr. J. T. HARRIS, of Boston, Chairman of the Committee, presented the following papers: —

1. Heart-Clot and Death. J. H. SHERMAN, M.D., South Boston. (IX.)
2. Cases from Practice. E. B. HOLT, M.D., Brookline.
3. Case of Typhoid Fever. W. H. LOUGEE, M.D., Lawrence. (X.)
4. Case of Diabetes Insipidus. L. A. PHILLIPS, M.D. (XI.)
5. Pumpkin Seeds. *vs.* Tape-Worm.
6. A Clinical Case.

REPORT OF COMMITTEE ON GYNÆCOLOGY.

Dr. W. H. LOUGEE, Chairman, presented the following papers: —

1. Pelvic Cellulitis. W. H. LOUGEE, M.D., Lawrence. (XII.)

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2. Sub-involution of Uterus. H. K. BENNETT, M.D., Fitchburg. (XIII.)

3. Trillium Pendulum as a Uterine Hæmostatic. L. A. PHILLIPS, M.D., Boston. (XIV.)

REPORT OF COMMITTEE ON OBSTETRICS.

Dr. M. V. B. MORSE, Chairman, presented the following papers: —

1. Puerperal Eclampsia. M. V. B. MORSE, M.D., Marblehead. (XV.)

2. Case of Puerperal Convulsions. C. A. MOOERS, M.D., Lawrence. (XVI.)

The Committees on Materia Medica and Ophthalmology and Otology made no report.

Dr. E. P. SCALES of Newton, reported in behalf of the Middlesex South Homœopathic Medical Society. The other societies made no report.

Vol. V. of the Proceedings of the Society was distributed to the members by the Secretary.

The fortieth annual meeting of the Society will be remembered as the largest ever held, one hundred and seventy-five to two hundred physicians being in attendance.

At 4.30 the Society adjourned.

NATHAN R. MORSE,
Recording Secretary.

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I.

PRESIDENT'S ADDRESS.

T. S. SCALES, M.D., WOBURN.

BRETHREN AND SISTERS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY:—In compliance with my duty at this time, I offer you the following address, which I have disconnectedly written at odd moments, snatched from incessant professional labors.

During the last twelve brief months, we have lost six of our members by death. As usual, death has not taken those whom we think could best be spared from their work.

April 28, 1879, Wm. Bushnell, M.D., of Princeton Street, East Boston, aged 78 years, rested from his labors. He commenced public life as a Congregational Minister. After preaching a few years he became a Homœopathic Physician. He was highly esteemed by the people of East Boston, and by his medical brethren who knew his worth. He was modest, unobtrusive, distrustful of his own abilities, conscientious, consistent, and upright; a noble man, a good physician, and a true Christian. To those who knew him I need not eulogize him.

In December, 1879, Wm. R. Bartlett, M.D., of Chicopee, died of Diphtheria. He was a graduate of Boston University School of Medicine in 1877. I was not acquainted with him; but he served a year as house-surgeon in the Massachusetts Homœopathic Hospital. He was loved and respected, so far as he was known; and was altogether a very promising young physician.

Of Dr. L. G. Howe, a graduate of Boston University School of Medicine, who was located in Worcester, and who was admitted a member of this Society in 1878, I have been able to learn very little. He was a relative of Mrs. Harriet Beecher Stowe, and a young man of fine promise.

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The untimely death, January 15th, of the present year, of one who was present with us at our meeting in October last, and whose zealous labors did much to make that meeting interesting and profitable, seems to me to require more than a passing notice. George A. Adams, M.D., of Webster, died suddenly after only three or four days' illness.

Many, if not most of us, hardly knew the rising young man; and therefore I may be excused for occupying a moment in a few eulogistic words for a most worthy young physician.

A native of New Boston, N. H., a graduate of the New York Homœopathic Medical College, in 1874, in May of that year he settled at Webster. Sunday, January 11th, only four days before his death, he was in his accustomed place in the church, in the choir, and in the Sunday School; and in his usual health. "Beloved of all for his virtues, and honored by all for his rare usefulness as a physician, as a man, and as a citizen, his sudden death was a terrible blow to the whole community." Yet it was the legitimate result of his self-forgetful zeal for the good of others, which prematurely exhausted his vital powers.

One who knew him intimately from early boyhood, says: "He was a good student, a hard worker, and a careful prescriber; and at the time of his death the unanimously elected President of the Worcester County Homœopathic Medical Society, and one of our most promising young men. An earnest Christian, his life was consistent with his professions, and many are the poor people who will bless his memory for kind deeds done them. His large practice at Webster gave ample evidence of the esteem in which he was held."

Another friend (and everybody who knew him seems to have been his friend) says: "He was a man of more than ordinary capacity, and a highly successful physician."

"He was 30 years old; and the youngest of thirteen children, who all survive him, except one who died in the army."

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He was appreciative, and grateful for all favors, and was a genial and reliable friend. He was a most industrious worker, and a conscientious and enthusiastic practitioner of the Homœopathy in which he believed. Those who knew him best loved him best. And those who have been blest by his ministrations feel that they individually, as well as Homœopathy, have suffered a great loss in his death.

February 17th of the present year, Dr. Mary G. Baker passed away. "She was born in Epsom, N. H., July, 1824. January, 1845, she was married to Dr. Joseph C. Baker, of Boscawen, N. H., and in 1856 they removed to Middleboro', Mass., where Dr. J. C. Baker engaged in the practice of Homœopathy. At the most urgent solicitation of her husband, Mrs. Baker began the study of medicine, and attended lectures in Boston, at the New England Female Medical College, from which institution she graduated in the spring of 1862; and at once entered upon the practice of her profession, in company with her husband. In February, 1865, Dr. Joseph C. Baker died; and in 1868, Dr. Mary G. Baker removed to Worcester, where, for twelve years she was engaged in an extensive and lucrative practice. She died February 17th, after a severe illness of nearly two months. Dr. Baker was an honored member of the American Institute of Homœopathy, the Massachusetts Homœopathic Medical Society, the Western Massachusetts Homœopathic Medical Society, and the Worcester County Homœopathic Medical Society. A woman of decided opinions, and fearless in the expression of them, still, Dr. Baker, by her real goodness and genuine kindness of heart, won the love as well as the thorough respect of her patients, who, trusting entirely in her skill and judgment as a physician, felt that in losing her they had lost a dear friend, as well as wise counsellor, and medical adviser." This is her biography as written by Adaline Williams, M.D., her successor at Worcester.

February 28th, Dr. J. H. Woodbury died, at Clifton Springs, New York. He was nearly 50 years of age, and

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had been for several years a great sufferer from Pseudo-membranous Bronchitis and Pneumonia. Here in Boston, and in the immediate vicinity of the University, his virtues and excellences are too well known to need enumeration. The newspapers and medical journals have given lengthy obituary notices, doing full justice to his memory; and further eulogies from me are unnecessary.

During the last winter an Allopathic Medical Bill, with a little specious sop judiciously and successfully thrown to the dog Cerberus, was presented to the Legislature, with accompanying petitions for its passage. The bill was gotten up ostensibly for the suppression of quackery; but really an effort to confine the practice of medicine in this State, to such regularly educated physicians as might be approved by the dominant school. The members of the Homœopathic and Eclectic Societies were for the present included, because they could not suppress us, nor succeed at all without our help. Otherwise, the last two would undoubtedly have been included in the list of Quacks to be debarred from practice. But, as the Homœopathic and Eclectic physicians are too respectable, and our patrons too numerous and reputable for our State Legislature to favorably consider any bill excluding us from practice, the framers of the bill, in a harmless way, recognized us, so as not only to prevent any opposition on our part, but also to gain our needed assistance. The spirit manifested by the members of the old school towards us has not materially changed. The same bitter antagonism exists, modified somewhat by a consciousness of our power. From the fact of our being allowed a slight representation on the proposed board of Medical Commissioners, some of us may think the old bitterness, which has been manifested from the persecution of Hahnemann to the expulsion of our members from the Massachusetts Medical Society, has passed away. But that representation was an enforced privilege. Homœopathy has outgrown its infancy and childhood; and is now too powerful to be ignored. Yet many of us became zealously

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interested, though we were only the tail of the kite and not the kite itself; and they regarded the passage of this bill as of the utmost importance. They made every possible effort, even to calling a special meeting of this State Society; and that regardless of the fact that no such action had been taken by the Allopathic Medical Society. Others, equally sincere and conscientious physicians, Homœopathic as well as Allopathic, though well aware of the evils of quackery, saw defects in the bill, and doubted the expediency of the scheme, as well as the possibility of its accomplishment; and the bill met with strenuous opposition from many of the profession.

I have divided my view of this subject under eight heads:—

First.—We could not be united on this bill.

Second.—If we could agree, we could not get the bill passed.

Third.—If we could get it passed we could not enforce it.

Fourth.—If it could be enforced, who would be at the expense of time and money to do it?

Fifth.—Supposing it to be enforced, it would do very little good.

Sixth.—No law can be made and enacted which would accomplish the object of that bill.

Seventh.—The drunkards and the victims of quackery cannot be protected by any legislation. They particularly do not wish to be protected, and would oppose and evade any and all laws enacted for their benefit.

Eighth.—We, the members of this Society, do not wish any law for our own protection.

1.—It has become a matter of history, a historical fact, that we could not unite on this bill; and that fact needs no argument for its establishment.

2.—The Legislature would not have passed this bill if all the members of the three societies had agreed upon it. In this country we are all jealous of our personal liberty.

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Any legislative body would be very much afraid of infringing on the rights of the people, their constituents. They say that although there may be instances in which the poor and ignorant may become victims to the imposition of Quacks, yet these few cases do not afford sufficient reason for positive legislation. They ask why the law-makers should step in to prevent us from employing, as a medical adviser, the person in whose skill we have the most confidence, whether he has a college diploma or not. Then the men who compose our Legislature "see a cat in the meal." The originators of this bill are not disinterested, but are "looking after their own bread and butter;" and this bill is "class legislation,"—assisting one class at the expense of another. The *Sunday Herald* said (and other papers copied the ideas), "It is difficult to make any interpretation of the medical bill now before the Legislature which does not infringe upon personal liberty."

3.—Our inability to enforce the law if passed, is shown by the law failing to enlist the sympathy of a majority of the people. The troubles of the temperance community in trying to enforce the laws which they have succeeded in getting enacted; the laws for the observation of the Sabbath; and various other laws, which from time to time have become a dead letter on our statute books, show that unless a law has the sympathy of the community, it will be evaded till it becomes void. Laws have to be interpreted, to say nothing of establishing their constitutionality, before they can be executed; and justice has little to do with law, if we may credit some of our own members here present, to say nothing of the expulsion of our members from the Massachusetts Medical Society, within our own recollection. If all the members of the three schools had unitedly succeeded in passing this bill, would the practice of medicine in Massachusetts be thereby perfected? Or would the provisions of the bill have to be carried out by frequent and vexatious lawsuits, involving great loss of time and money, and often ending in our defeat?

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4.—If it could be enforced, who, like Mr. Bergh in the society-with-the-long-name, would devote his time, raise the needed funds, and, with constant watchfulness, ensure the reform? Echo answers, "No one."

5.—What real good would ensue if you could and should enforce the law?

Chomel's great axiom was: "It is not the first duty of therapeutics to do good, but not to do harm." Because a person is sick, it does not follow that he will be benefited by any medicine he may get. Are there not some in the class of Quacks, who were to be suppressed by this bill, who do as little harm as some of the members of the three societies? Are all the members of these three societies so talented, so well educated, so studious, so careful, so wise, and so skilful, that it is really desirable to have the entire treatment of all the ails and injuries of the whole human race committed exclusively to their care; and to have all their directions, both hygienic and sanitary, implicitly followed? If the law is to suppress quackery at all, the statutes must be so framed as to reach those regularly-made physicians, who, with all the learning of the schools, manage to lose the larger part of their patients. Do not some of the most ignorant, reckless, incompetent Quacks, who have got into the ranks of the profession without regard to their fitness, or rather unfitness, for their title, because they supposed the practice of medicine an easy way to get a genteel living, wearing good clothes, and going into good society—do not they display plenty of beautifully-framed diplomas? while they do more harm than they could ever have expected to do good. They are more dangerous than any other class of Quacks. The ignorance of the community, with the incompetency of regular practitioners, makes it very easy for a knave of good address to impose upon almost any one of our so-called first-class people. Let us not for one moment suppose that a diploma, with the great seal of a college, is a sure guaranty that its possessor

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is a person more judicious and safe to treat disease than any one not so endowed.

6.—As legislation, during the last fifty or a hundred years, has utterly failed to suppress intemperance, notwithstanding the unceasing efforts in framing, altering, improving and constantly tinkering the various different statutes, so we think that quackery can never, in this country, be suppressed by legislation. We are bold to say that we believe no law can be made and passed for the suppression of the large number of medical impostors who are now imposing upon the credulous public, and sponging a living by their nefarious practices upon their victims. The efforts for the suppression of intemperance appear purely benevolent and philanthropic; but no such disinterested humanity appears to give prestige to a medical bill. Any Massachusetts Legislature would refuse to enact such a law as an injustice and an infringement upon the rights of the people; among which rights is the inalienable one of being humbugged in medicine as well as in anything else. It would be a great hardship to those who prefer to be humbugged, rather than to be treated in a scientific way, and who are ready to run after every unknown pretender that comes along, rather than to submit their cases to a regular graduate in medicine. Why is not the spirit of a law which decides who shall or who shall not practice the healing art, the same as that of a law which should suppress pedlers, and prescribe who should sell groceries, or publish newspapers, or give religious instruction? It is undeniable; and our legislators know that many people are benefited by the services of men and women who could not practice at all if such a law were enacted. Most persons, at some time or other, doctor themselves, or follow the advice of unprofessional friends, or use patent medicines, or get from an apothecary a second-hand, or a third-hand prescription, sometimes with good effect. In many ways the foolish or ridiculous desires of men and women are catered to without question. Personal liberty involves the right to squander

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property, or do many absurd things. The laws already provide a remedy for malpractice, and penalties for criminal acts; and, if I rightly understand our legislators, present and prospective, and the sense of their constituents, we cannot depend upon any proscriptive legislation, as a remedy against quackery, till the progress of medical knowledge shall make the regular practitioners more wise and skilful. The lawyer who is admitted to the bar must not experiment on the suits brought to him to defend. He must *know* something certain about his business. The existence of evils in medical practice is universally felt, but it is as difficult to find a remedy as to doctor wisely and successfully. The fear is, that the remedy may be worse than the disease. And the committee of public health will be very cautious not to close the door against the discovery and development of new and improved methods of treating disease; certainly not till the regular profession shall have shown themselves more tolerant of innovations, and more charitable to those who may differ from them in their therapeutic methods. It seems to me that reform must commence within the precincts of the medical profession.

7.—Drunkards and the victims of quackery cannot be protected by legislation. Can intemperance and quackery be legislated out of existence? Judging of the future by the past, we guess not. Those two classes of people are extremely jealous of their rights, and of their personal liberty. The dear people will doctor themselves, with things that they "know are good."

If a regular doctor treats every case of sore throat with chlorate of potash, and gargles of carbolic acid, the inquisitive people quickly find it out, and shrewdly save a big doctor's bill. But, if we could prevent it, and the whole trade in apothecaries' wares could be suppressed, and all irregular practitioners, and the people be forced to have a regular physician or to go without medicine, would the suffering community be any better off?

8.—We do not wish any law for *our* protection, unless it

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be from black-mailing and suits for malpractice. M.D's should be smart enough to help themselves, without legal help. Now authority and fashion, not science, rule everything in medicine. But, if we will study and search for truth and wisdom, and show to the community by our success in relieving and curing our patients, that a first-class educated physician is superior to all these charlatans, our success will do more for us than any legislation.

Two of our Homœopathic Colleges have lengthened the term of lectures. But have they increased the amount of instruction, or only diluted it? The strict science of Homœopathy should be taught in its completeness, even if the teachers themselves do not practice it. It is asking a good deal to require them to both preach and practice. Students should not graduate from a Homœopathic College, and openly claim that the size of the dose constitutes the essential of Homœopathy. But we have heard some of them even affirm that any remedy administered in the first or second dilution or trituration is nothing but Allopathy — no Homœopathy about it — for that nothing below the 6th or 12th or 30th can be Homœopathic. What has the size of the dose to do with *similia similibus?* Let each Homœopathic physician select his remedy in strict accordance with that law, and then administer it in any dose he sees fit, from the tincture to the 100,000th of Jenichen.

But the doctor who relieves the pain of a suffering patient, in a curable case, by hypodermic injections, or by the administration of Morphine, or Chloral Hydrate, or Bromide of Potash, or some anodyne, and then waits for his unaided patient to get well himself, may be called a poor representative of the great Homœopathic law. Wherein does such treatment differ from the poorest Allopathy? Can it be claimed that it is in any sense Homœopathic treatment? Shall we show our liberality by endorsing such practice? It has been said, and it cannot be denied, that our system of medical education is sadly defective, and tends to become hopelessly so. The increase in number of so-called Homœ-

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opathic physicians is no indication of the increase of Homœopathy.

Even the dominant school now teach the necessity of proving remedies on persons in health. And shall we now, while claiming to be the followers of Hahnemann, who first taught the necessity of drug-proving, stultify ourselves by prescribing medicines of which we know nothing, except that they are most empirically recommended by some more or less prominent trier of new remedies, which are to be discarded as soon as the next nostrum is ready to take its place? Fashion rules. Yesterday, Wine and Bark; to-day, Quinine, Beef, Wine and Iron. We adopt to-day what was discarded yesterday. To-morrow the Hypophosphites, Pepsin, Cod-liver Oil, Lactopeptine, Milk of Magnesia, Phospho-nutritine, and Pancreatine, Lacto-phosphate of Lime, Vaseline, Phosphorized Elixir of Calisaya Bark and Iron, Malt Jelly, etc., in most complicated mixtures. I will not mention the many preparations of Maltine, as it is claimed that they are only food not medicines,— though combined with all the before-enumerated articles, and Quinine and even Strychnine in one compound. All these things, mixed compounds and unproved remedies, are advertised in our Homœopathic journals, or journals claiming to be Homœopathic, till one can hardly tell to which school any journal belongs. These advertisements, in our journals, of unproved remedies, which are in no sense specific for local or internal use, seem to me to be a public confession of our destitution, or of the insufficiency of specific remedies, or else of the ignorance or lack of confidence of many so-called Homœopathic practitioners, who resort to these advertised nostrums often enough to "make it pay" to advertise extensively in Homœopathic journals. If we use "General Tonics," "Aperients," "Alteratives," "Antacids," "Blood-purifiers," etc., are we not unrecognized members of the dominant school? A few days since I received the Chicago *Medical Gazette*, and in a cursory examination I failed to ascertain by which therapeutic school it is published. The advertise-

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ments looked familiar, and the surgical articles seem to ignore Homœopathy altogether, as they mostly do in Homœopathic journals. But one or two compound prescriptions looked more formidable than I am accustomed to see. Instead of using *Hypericum* for bruised nerves, or specific remedies adapted to particular cases, Hypodermic injections are the fashion. The old-school practice has been greatly modified, and, we think, much improved by Homœopathic influence; and, I am sorry to say, that Homœopathic practice has in turn been so modified as in many cases to have entirely lost its identity. I care not what attenuation of any remedy is used, or if even crude drugs or tinctures, or extracts, so that an unmixed remedy can be thought to be in any sense Homœopathic to the case treated. But if we do not believe the principle, *similia similibus curantur*, and if we do not try to select the remedy in accordance with that law, in what sense can we call ourselves Homœopathic doctors? Not long since, in the case of the sickness and death of the daughter of Mayor Prince, of this city, no medicine was administered during her whole sickness. In similar cases, under nominally Homœopathic treatment, compound prescriptions of unproven remedies, and large doses of crude drugs, empirically recommended by Brown-Sequard, or some other reckless leader, might have been given, with no reference to the fundamental law of our school.

At the meeting of the Homœopathic Medical Society of Northern New York, held at Saratoga in July last, Dr. H. M. Paine read a paper, entitled "The Law of Potencies," etc., in which he quotes "Dr. Samuel Potter, in his unanswerable argument, that chemistry is unable to furnish proof of the material presence of medicines beyond the third potency." As if substance — mere quantity — were any measure of power.

"Dr. Potter also avers that the spectroscope gives no evidence of anything beyond the fifth; and the microscope, none beyond the seventh: and the theory of molecular mag-

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nitudes (mathematical demonstration) stops at the eleventh centisimal dilution, etc., etc." Now pray tell us of what potency is the material essence of the specific contagion of Small Pox, or the odor of a particle of musk? What is the spectroscopic appearance of the specific contagion of Whooping Cough, or Mumps, or Diphtheria? And what is the molecular magnitude of the particles in the track by which the keen-scented hound can distinguish his master's steps among a multitude of others? Dr. Paine says, that "science fails to demonstrate the presence of a drug in any higher attenuation than the 10th or 11th." Science demonstrated the absolute impossibility that vessels propelled by steam could ever cross the ocean; as well as many other statements, which facts have subsequently refuted. Chemical analysis demonstrates the identity of Spearmint and Peppermint, and yet every country school-boy unerringly selects one from the other. Who knows the chemical characteristics of different diseases, and can treat them successfully with appropriate chemical antidotes? Has the chemical treatment of diseased conditions ever been at all successful? Chemistry demonstrates the insolubility of *Carbo veg.*, and hence its worthlessness as a remedial agent; yet who of us hesitates to administer it for Epistaxis? What is the spectroscopic character of the fright, which is successfully treated with *Ignatia* even higher than the 11th? When our friend, Dr. Cate cures a case of nervous disease by electricity or galvanism, is it in accordance with chemical, or microscopic, or spectroscopic laws? Or if it is only the effects of the imagination, what are the molecular characteristics of said imagination?

Delevan C. Scoville, Esq., President of the New York Educational Society, at the opening of the twentieth annual session of the New York Medical College, said: — "We should cultivate a spirit of toleration. The science of medicine requires the most patient, laborious and accurate research, and the critical and rigid observation of facts. And there should be the broadest liberality, and desire to know

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the truth, under whatever form presented, or by whomsoever advocated."

We ask our brethren of the old school, to believe our experience, and the success of specific treatment compared with Allopathic. And when they doubt our assertions, we justly complain of their bigotry and prejudice; and we feel insulted by their incredulity. But, when some of our own members claim to have effected cures with the 30th, or the 200th, or even higher, others of us scout the idea as too absurd for belief or investigation, even; and reiterate to them the same remarks about the "*Vis medicatrix*," "Patients getting well themselves uninfluenced by the alleged high potency," "the power of imagination," etc.; or perhaps, even the insulting "Oh, pshaw!" which the Allopath has sneeringly used to us in regard to our wonderful cures with the 3d potency. Each gives little or no credit to his fellow who claims to cure with a different dose from what he himself uses.

Let us use the same charity to our Homœopathic brethren that we wish our Allopathic opponents to extend to us. We shall make more rapid progress in our search for truth if we accept as facts what appear to be such, till there appears some evidence to the contrary. Appeal must be made to facts alone; probabilities and theories should have no weight. The fact has been established that medicines cure in accordance with the law *similia similibus;* and this necessitates the proving of medicines on those in health, in order to know what effect to expect on the sick.

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II.

CLIMATE AS AN ELEMENT OF THE MATERIA MEDICA.

E. U. JONES, M.D., TAUNTON.

"He must have a change of climate" is the standing prescription of the baffled physician, as well as the thought of anxious friends, for many diseases of certain organs, and is about as intelligently given as the recommendations of the old women with their herb teas, each of which is a panacea for every thing. That a change of the climate in which the patient lives is often beneficial, there is no manner of doubt; that it is often the only hope of cure is equally undoubted; but the character of the prescription thus made, and the time at which it is made, are often open to well-founded criticism. As physicians, and especially as Homœopathic physicians, our prescriptions of changes of habitation are very loosely made, and only as a dernier chance. They should never be made unless with the same study which we put, or ought to put, upon our prescriptions of drugs.

Two questions every physician should ask himself before advising a change of climate: —

(1.) Is there a reasonable hope that the case will be cured, or life sufficiently prolonged by the change, involving, as it does, self-sacrifice on the part of the patients and the friends?

The answer to this question involves just as thorough a study of the pathological and idiosyncratic condition, and the natural life expectancy, as would be made in an examination for a life insurance, succeeded, after the examination, by the most candid judgment of the risks involved in the change.

As pulmonary dyscrasias are the ones for which this change is chiefly sought, we will leave out of the present consideration the many dermic diseases, Rheumatisms, Dyspepsias,

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Anæmias, etc., etc., for which such a change is often desirable, and confine this paper to a few words upon climate in its relations to pulmonary diseases.

The first inquiry should be as to the rate of progress that the disease has *recently* made. In many long standing affections of the lungs, the rate of the disease is very slow, so slow that the patient or his friends are not aware that any disease exists. Month by month, and even year by year, there has not been much apparent change, and when it is marked, and the patient comes for help, the story is, "I am about as I have been for the past few years, pretty well, but have now caught a little cold." The expectation on the part of the patient and friends is, that the cure will be rapid and complete. It is from this point that the judgment should commence, when, after having treated the case for some time without actual success — or with varying success but no actual gain — the question of a change of climate comes up. The months and years of preparation for just this effect of a "little cold" are not to be taken into consideration. The gentle slope over which the disease has passed to reach the brow of this more rapid descent has nothing to do with the question now; but only the rapidity of the descent since the brow of the hill has been reached. In every such case the descent is more or less rapid and sure. Will the angle of inclination increase or lessen?

The history of a given case does not determine a pre-disposition to tuberculosis, but rather to general dyscratic ailments, and that the deaths of the progenitors have been rather from acute, than from chronic troubles; physical exploration shows that there is more trouble in the right lung than in the left; that there is a certain amount of permeability of the apices of the lungs; that the anterior portion of the middle lobe is the more involved by the disease: that the cough varies in its character and is oftentimes almost well; that it is worse in cold, damp weather, and better in warm and dry; that the flesh, as compared with the former state of health, is not markedly deficient; that the pulse is even

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and reasonably strong, and is not quickly affected by changes of motion; that the appetite is not fitful or capricious; and that the sleep is refreshing. The probabilities of such a case are, that death would ultimately ensue from devitalization and pyæmic exhaustion; that diet (milk, fats, etc.) would aid in arresting the disease; that medicines would often prolong the life, and sometimes seem to produce a cure, and that a change from in-door to out-door life would greatly benefit. But this is a case, too, in which a change of climate would bring forth its greatest and best fruits, and in which a physician, not trusting too long or too much to his own skill in medication, or to the possibly favorable effect of food, may most earnestly and hopefully urge a change of climate with the best expectation of the result.

The history of another case shows a tuberculous dyscrasia; nor is longevity a marked feature of its progenitors; the natural expectancy of life is not up to the full standard; physical exploration shows a left-sidedness of the whole individual; the upper lobe of the left lung is impervious to air, but, at the same time, the chest expansion is not much less than that allowed to ordinarily healthy persons; the left arm is often painful, and the region of the spleen is full of pain at times; and even the left foot partakes of the general weakness; the cough is short and hacking, not very frequent or distressing, the pulse easily affected by change from slow to rapid motion; a sensation of being more easily tired than usual and by less exertion, without, however, any sufficient reason being given; the sleep is commonly good and refreshing to a certain degree; but the demands of the appetite have changed. The diagnosis is at once that of tuberculous phthisis in its first stage, and the probabilities point to death at no distant day as the result of tissue destruction and blood innutrition. How much can unassisted medication do for such a case? It is barely possibly to arrest tissue metamorphosis for a limited time, and thereby to counteract the progress of the disease, but the case has come to the declivity on which the brake of medicine will not hold, and can

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only delay the rapidity of the descent. But what will climate do? At this stage much every way. And, while it is a duty for the time being to use all of the power of medicine, it is nevertheless a duty to seek the total arrest of the trouble by firmly advising a change of climate. Such cases are often those whose business or social relations may make the proposed change peculiarly difficult, but the physician must needs clear his own skirts by giving the advice and urging its adoption.

But let the case proceed but a little further, and let the ratio of respiration become more marked: let the cough become more constant and regular, with expectoration in the morning; let the amount of impervious lung be greater, and the clavicles more prominent; let the sleep be less refreshing, and the tired feeling increase; let emaciation commence, even if the visible degree be slight; let the appetite become capricious, especially in the morning; and let there be evident exhilaration and better feeling in the after part of the day; and it is a hard question then to decide as to the value of climate as a means of restoration. The only value of drugs now is to prolong life and to relieve suffering, for all hope of *cure*, by their means, must now be given up. The question of a change of climate must be decided quickly, and, as the first element of this decision, the rapidity of the declination for the past few weeks or months is the chief thing to be learned. If this has been comparatively rapid and marked, especially if there can be no sufficient reason given therefor, and if it be not spring, or other weather to account for the depression of the vital forces; if the pulse be quicker than normal and not firm; then there would be but little other than a limited delay to be looked for from a change of climate, and in most of such cases the patient would be better off at his own home, while every effort is put forth so to change his mode of life and his surroundings, as to give him the very best chance of living, and the most comfort while he does live.

With the third stage of phthisis, we are all too sadly

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familiar. When this stage is reached it is too cruel to send any one away from the comforts and the wontednesses of home. But it is singular that it is in just this stage that the patient arouses to the possible danger; yet finds many excuses for his evident symptoms; declares that he will soon get well; is filled with hope and expectation and with plans for the future. With a strange inconsistency his mind now turns to a change of climate, and, while declaring that he is not sick, asserts that the change is what he needs to make him well. Fond friends turn to this same idea and anxiously ask, if a warm and balmy air will not completely restore him? The physician cannot well forbid his exodus from home, but it is his place to state the risks and the facts, for no climate will restore, or hardly prolong, life.

Now, omitting the last example cited, and having determined that there is a reasonable hope that a change of climate would act favorably, the second question is — what are the idiosyncrasies of the individual dyscrasia which would tend to determine the nature of the climate best adapted to effect the desired cure?

In the selection of a drug we are guided not only by the declared symptoms, but also by the temperament, and by what we will call the constitution of the patient. We prefer *Belladonna* for blonde persons with a lax fibre, but *Aconite* for dark-complexioned, rigid-fibred ones; *Nux* for the lean and choleric, but *Pulsatilla* for the fat and mild-dispositioned. Thus we must question when we seek to benefit our patients by climate. An old sea-captain, when speaking of the various sailors whom he had employed during his life, said that he had always found that the light-complexioned, light-haired men of the North made the most hardy sailors, and endured the cold and the changes far better than the dark-skinned and black-haired men. Taking this fact as an illustration, we may primarily make a distinction in the classes of sufferers, which distinction can be carried out in the kind of climate best suited to their relief. Speaking *per ordinem*, the class distinction will be as above, having

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reference to fibre and complexion. Each one of these classes may be divided into genera, in which the expression of the disease will be modified by the temperament, hereditary descent, social condition, and age. Each genus has its specific divisions, into which all of the questions of individual idiosyncrasy, extent and location of disease, rapidity of descent, etc., enter.

Now phthisis may be classed in a similar manner, and that classification will be coincident with that given above, because it will be only the mode of its expression in these different genera and species. For the purpose of this discussion, phthisis may be divided into *Phthisis Sicca* and *Phthisis Pituitosa*. The dry form expresses itself from the first in a hacking, irritative cough, without expectoration, the symptoms which lead the patient to seek advice being more from the debility and the progressive emaciation, with some dyspeptic symptoms, than from any fear of phthisis. Such cases will be found more commonly in the dark-skinned and hard-fibred man. An extreme case of this nature will oftentimes die without having "raised" but very little purulent matter, or without having shown any marked symptoms of the breaking-down of tubercle. This form, taken at a time when the change will do good, demands for itself a warm, moist, and southern climate. To such a patient may safely be promised all of the benefit which such a climate can confer,— an entire cessation of the progress of the disease, and a life of comfort and health.

The pituitous form (moist, catarrhal) is usually found in the blonde complexion, with its characteristic accompaniments. From the first the cough is not harsh and dry; but, though there may be no expectoration, there is a softness to the cough which serves to disguise its insidious nature, and to prevent alarm to the patient. The emaciation is not marked, only the flesh is less firm, and fatigue more easily induced. The patient is accused of having catarrh; and all of the symptoms are charged to that disease. An extreme case of this form is equally amenable to a change of

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climate, if the change be made before large *vomicæ* form, and before the exhaustion has become too great. The climate, however, must be the exact antipode of the former case,—dry, cool and inland. But the same promises may be made in this case as in the other, and with the same prospect of their fulfilment.

Another genus of the disease is that which is ushered in from apparent health, by a sudden hæmoptysis. This symptom leads to an examination of the lungs only because there can be found no other satisfactory reason for the hæmorrhage. The exploration shows that phthisis has been doing a secret and entirely unexpected work, and that the case is one which requires a wise judgment. The reasonableness of hope should be dated from the occurrence of the hæmoptysis, and the observation of the case should never be relaxed. Ordinarily, a change of climate avails a great deal in these forms, the choice being governed by the types given above.

Starting from these generic types the variety of modes of progress is as great as the number of sufferers; but in the determination of the climate the generic type must *first* be sought, and the judgment varied by the specific characteristics.

Heredity will greatly affect the hope of benefit from a change of climate, and will still more affect the choice of that particular climate from which the most benefit may be expected. It has its influence in determining the rapidity of descent before spoken of, and hence a climate must be chosen which has within itself the elements most favorable to retardation. The patient clearly belonging to one of the types mentioned above, the decision as to his particular climate will be modified by a consideration of the type presented by the parent whom he most resembles, and somewhat by that presented by the other parent. In a doubtful case, even the dyscrasias presented by the grandparents should be questioned, before the modification is fully determined.

Temperament is another thing which should exert a de-

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cided influence upon the choice of a climate. The phlegmatic and the choleric may alike seek a warm climate with the hope of benefit; but the sensitive and sanguine will find in the cold and dry their *simillimum*. I think that climates which have otherwise promised well have failed because of their temperamental incompatibility.

The social condition of the patient is not to be left out in this consideration, for over the beginnings of no disease do the surroundings have so sensible and powerful an effect. While often a total change may not be without its benefits—both upon the mind and body—yet, as the disease progresses, the mind and the will partake of the feebleness of the body, and the longing for the old-time surroundings is so great that all beneficial effect of the change is lost. Hence, if the invalid can be so placed as not to miss the quality or the number of the friends, or of the usual comforts of home, the best conditions will have been obtained. Contiguity of other invalids is a thing to be avoided, and every suggestion which can tend to centre the attention of the sufferer upon his own case must be removed.

Age and sex, though of minor importance, are not to be omitted in forming an opinion. They are to bear the same relative value as in the selection of any other remedy.

But it will be impossible to name all of the conditions which should enter into the decision of this question. They will be suggested to each physician as he carefully studies the case, and he will often be obliged to give great weight to what, when enunciating general principles, might be deemed to be minor influences.

And now a few words upon the remedy.

What does a change of climate mean to the invalid? Simply an expensive dose of medicine to be taken for a few weeks, which is to result in a cure. The cure does not result, and the disappointment only serves to hasten the inevitable end. Whose fault is this? Not always that of the physician, but rather that of the invalid and his friends. They naturally consider that any escape from the rigors and

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changes of the home climate must be beneficial, entirely ignoring the question of the suitableness or otherwise of the climate sought, and the risks and perils of the changes to be made. What should it mean to the physician? A change for a life, and during life.

It is a question which every physician should strive to answer—Whether the absence from home, and the enervating influences of a warm climate, during the few weeks of the winter, which are usually allotted to a change of climate, do not really hasten the end sought to be avoided.

It is a question for which data cannot readily be obtained, from the fact that we cannot tell with certainty what would have taken place if the change had not been made. It is rather a question for judgment and opinion, and perhaps the decision will be just as reliable. In the last stages of the disease there is no dissent from the fact, and invalids have often died on their way home. But it is not this temporary relief that this paper considers, but that permanent relief which may result in a cure.

It is a mistake to suppose that a warm and equable climate is the one that the invalid needs, or the one best adapted to the cure of this disease. The whole system needs the succussion of change, and not the stagnation of deadness. Except for the few cases for which it is indicated, a residence of a few months in it is prejudicial, not only from the loss of precious time, but in that it also seems to hasten the progress of the disease. It is not alone for the delight of the eye that the neighborhood of highlands and lowlands should be sought, but mostly for the changes which can be made in a short time, and for the effects upon the system which those changes give. It is another mistake to suppose that it is necessary to seek the climate needed at a great distance from the usual home, for it frequently may be found within a comparatively few miles. It is a mistake also to suppose that climate means only a change of atmospheric conditions, or that those conditions are the only ones needed. Climate means the conditions which of themselves

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make the atmospheric state, and thereby includes the terrestrial, as well as the aerial conditions. Indeed these terrestrial surroundings of the patient are really of as much importance as the atmospheric, and a water-logged location can undo all of the advantages afforded by an equable temperature or pleasant surroundings. The amount of water-fall of any given location can be advantageously studied, but more advantageously the rate at which that water-fall is absorbed. A damp air, if the origin of that dampness is from above, is not necessarily harmful; but if it arises from the earth is always to be feared. The change from a wet to a dry locality, from a solid and impervious sub-soil to a porous one, accompanied by an increased elevation above tide-water, is sometimes entirely sufficient to secure the needed climate for an invalid, and that may often be found in quite close proximity to the former residence. This may be especially the case when the invalid is youthful; care being taken that the sun have a fair chance to do the work in the case which it can best do. The contrasts of the mountain with the city; of the pine forests with those of the beech and maple; the high inland with the sea-side, are often sufficient. These contrasts must be made on the same general principles given above. A contrast is not always a beneficial change, but more often a decided injury. A constitution, begotten and reared in a cold and northern climate, cannot be changed to a warm and southern one without doing great violence to itself, and without putting itself in danger of an entire overthrow. This is antipathy. Rather let the choice of a climate be directed by the great law which governs us in the choice of our other drugs; and, unless the genus of the patient demands it, let the *similia* be sought; the *similia* of the climate in which the disease originated, as well as the *similia* of the constitution of the patient himself.

Should a decided change of locality be demanded by the case, we have, within our own country limits, all the varieties needed to select from: the sea-board and the inland;

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the highland and the lowland; the plain and the mountain; the brooklet; the riverside and the lake; the moist and the dry; the uniformly high temperature and the range from the lowest to the highest; the various sub-soils and the differing forests; the outdoor life and that which affords all of the luxuries of the highest civilization; the comforts of home and the rude, barbaric, nomadic simplicity.

One of these lines of choice, having a mean annual temperature of 50°, starts from the northern borders of Long Island Sound, or, as we may state it, from the island of Nantucket, gently dropping to the southern portion of Pennsylvania, then passing due west till it reaches the northern portion of Colorado, where it suddenly drops to the borders of New Mexico, whence, with a short curve, it rises in a north-westerly direction to the 48th parallel. On this line the rainfall varies from 18 inches in Colorado and Idaho to 40 inches over its easterly extremity. It presents many places along its course, and north of it, well adapted to those constitutions falling under the second type stated.

A second line, having an average yearly temperature of 65°, starts from the coast of South Carolina, passes through Northern Georgia, westerly to Texas, within which it takes a southerly curve whose western end rises to within four parallels of the Colorado dip of the line before mentioned, whence, with a sharp curve, it turns directly into Mexico. The rainfall varies greatly, being from 10 inches in Texas to 65 in Georgia. Upon this line and southerly from it, will be found the most suitable climates for those constitutions expressed by the first type. The mean winter temperature does not vary much from 50°.

Between these lines, and running nearly parallel with them, will be found other lines having yearly averages of 55° and 60°, and a mean winter average of 35° and 40°, the rainfall varying from 15 inches in New Mexico, 25 to 40 in Southern Kansas, and about 40 at the eastern extremities.

The climatic map of California is *sui generis*, its lines of temperature running almost parallel with each other and

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with the Pacific coast, and separated but by short distances. These lines show a yearly average varying at least 10°. The rainfall varies from 9 to 20 inches, but the dews are heavy, and the diurnal changes of temperature are marked.

Nothing more can be attempted in a paper like this but the statement of these general principles. To give specific indications for constitutions and the corresponding climates would fill a book, but perhaps these general hints will be of value to many.

III.

CASE OF NEPHRALGIA CALCULOSA FOLLOWED BY NEURALGIA OF BLADDER.

JAMES HEDENBERG, M.D., MEDFORD.

SATURDAY, Oct. 18, 1879, 2 P.M.—Saw F. G.; age 13. Learned that just one week before he had been into the woods and was badly poisoned by Ivy. Face was now covered with *desquamating epithelium.*

Was called on account of difficulty in urinating which came on, on Friday night. He was in great agony, straining and trying to pass water continually; also had tenesmus of bowels; could not pass water. Vomited soon after paroxysms of pain; tongue coated; bowels had been moved by *Castor Oil.* Testicles retracted; penis very small, erected; bladder empty. Diagnosis, Nephralgia Calculosa; *Camphor* a few doses; no relief. *Tereb.* 1ˣ a dose every fifteen minutes, soon started a flow of urine, which to my astonishment was normal in every particular; no mucus, no blood, no pus, no crystalline or amorphous deposit, no albumen, no casts, and worse than all, *no relief to pain.* At 4 P.M., Dr. Farnsworth, who was attending a patient in the next house, saw him, with

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me; concurred in diagnosis, and said, "*Tereb.* ought to relieve."

Sunday and Monday.—Urine moderately free and of same nature; no relief from pain except from *Morphine.*

Tuesday, A.M.—Bowels very much swollen and very tender; though of peritonitis at first look, but pulse and temperature were normal.

Tuesday, P.M.—Dr. Talbot saw him and passed Catheter into bladder showing urethra clear, and finding no evidence of calculus in bladder. Was called at 12, midnight; he was in fearful agony; *Morphine.* After two hours he rose and stood up to urinate; passed quite a quantity—2 cupfuls; was seized with desire to evacuate bowels; did so, and the whole was thrown away.

Wednesday, 8 A.M.—Urine very turbid; looked as though it contained pus. My first thought was that an abscess had discharged itself. Examination showed no pus, but a drop of urine was thick with pale urates. Urine acid, cleared by heat. Patient much relieved; temperature 99⅘. 11 A.M., he is still comfortable; pulse 84, temperature 99. Has not vomited since last night; stomach sour; *Nux.*

Thursday.—Urine full of urates of a darker color, *red,* and contains in sediment, besides red gravel, numerous *black specks.* (Think urine before last two days has come from one kidney and this, or a part of it, from the other now relieving itself; patient during pain could lie only on back, with legs drawn up.)

Friday 24th.—Had pain on right side; last night took *Morphine;* urine clear since pain. At 10 P.M., severe paroxysm of pain lasting some time; *Morphine.* When seen by me testicles not retracted; no nausea.

Saturday 25th.—Pain did not return after my visit last night; *China* and *Lycopod.*

Sunday 26th.—Messenger came early in morning for *Morphine* powders; saw him at 11.30 A.M.; he had pain as usual last night (about 8 to 10). *Morphine* quieted him; awoke at 6 A.M., somewhat uneasy; from 8 to 10 grew worse, screech-

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ing so as to be heard all over the neighborhood; 3 powders, 1-8 grain *Morphine* had been given. I gave 1-6 hypodermically with complete relief; ordered *Pil. Quin. Sulph. No.* 15 *a, a gr.* 1, a pill every 2 hours. Pains were all over abdomen, in back down to point of coccyx; in testicles and penis; testicles not retracted; penis limp; urine clear; passed water without difficulty while I was present.

Monday 27, 9.30 A.M.—No pain of consequence; continue pills of *Quinine.* At 10 P.M., pain of awful severity came on and lasted till near midnight; during pain two ¼ grain and one ½ grain powders of *Morphine* were given.

Tuesday 28, 6.30 A.M.—Was summoned to see him; found he had been shaking or trembling for some time; said he was not chilly; was lying on right side; could not lie on back; pulse 98, temperature 104°; had recently passed a good quantity of clear urine; said *it hurt him when he stopped. Acon.* every fifteen minutes. His bowels were moved the previous evening by an *enema.* 9 A.M., pulse 75, temperature 100; can take a long breath; can draw up legs and is lying on back; *Pil. Quinine* every two hours. 4 P.M., pulse 76, temperature 99 2-5; considerable pain; *Cham.*, and cold compress on abdomen; continue *Quinine.*

Wednesday 29, 9 A.M.—Did not take *Morphine* last night; had severe pain about 6 A.M., for which took 1-4 grain *Morphine;* pulse 70, temperature normal; continue *Cham.* and *Quinine.*

Thursday 30th.—Temperature and pulse normal; tongue clean, no pain; *Cham.* and *Quinine.* 10 P.M., had pain referred to end of coccyx and perinæum, and a feeling that there was something in the bowels to come away. The rectal pipe of a bulb syringe entered readily, but water would not, or the pain excited by it caused so much resistance as to make the attempt to give an *enema* useless; *Castor Oil* was given and 1-4 grain *Morphine;* bowels moved.

Friday 31.—Looks well, feels well; continue *Quinine.* Gave *Nux* every 2 hours; ordered *Chloroform* applied locally, should pain return. Pain came on in evening; not very se-

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vere. "Could not stand the *Chloroform*" locally, so a few drops of *Chloroform* were inhaled from a handkerchief. "Never felt so well in his life."

Saturday, Nov. 1.—Looks and feels better than yesterday; left some *Cham.* as his nurse thought it did good; at any rate it satisfied the boy.

Sunday, Nov. 2.—Improving; ordered the *Quinine* diminished daily. From this time he improved rapidly.

To make the *application* of this case, as the preacher says, let us look at a few points.

There can be no doubt of the first attack being one of Nephralgia Calculosa; but am I correct in supposing the urine first secreted came from a sound kidney, while that so full of urates came from the other kidney?

There is a possibility—may I say probability?—that a concretion was expelled with the first discharge of turbid urine on the night of Oct. 22d.

The persistence of the pain, under changed conditions, made me diagnose the case from the 24th, as Neuralgia of the Bladder. The changes were absence of nausea during severest pain; penis limp; testicles not retracted; urine clear, and the paroxysms occurring twice in twenty-four hours.

The best account of this affection I could find in my own library is in GROSS' SYSTEM OF SURGERY, third edition, vol. 2, p. 670:—

"Neuralgia of the bladder is a nervous affection, characterized by severe suffering which is generally referred to the neck of the organ, and is distinctly paroxysmal in its attacks, recurring daily, or every other day about the same period, usually early in the evening or towards morning. The attacks vary in their duration from two to six hours, and the suffering is often of the most racking and agonizing nature; the urine is almost always natural.

"The diagnosis is not always very clear; the attacks especially when very severe bear the closest resemblance to the paroxysms produced by a calculous concretion. Hence, in doubtful cases sounding of the bladder is advisable.

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"Of the *causes* of vesical neuralgia very little is known. In general, indeed they are wholly inappreciable. The disease is observed for the most part in persons of a nervous temperament. Venereal indulgences, masturbation, stricture of the urethra, stone in the bladder, and organic disease of the uterus, anus and rectum, are all capable of producing it. What influence miasm may exert upon its development is not ascertained; but it is doubtless a very frequent cause of the complaint.

"Vesical neuralgia, although an exceedingly painful and distressing disease, seldom terminates fatally. Its long continuance, however, or its frequent recurrence, may render the patient miserable for life."

In this instance, an inherited tendency to Rheumatism had something to do with it; but I considered Malaria the cause. Some were inclined to attribute to the Ivy poison some of the disturbances that followed, but I took no stock in such a theory.

The family, man and wife, and five children have furnished me a number and variety of cases that would have been a bonanza, if not a "Slough of despond," to a young practitioner. To enumerate them:—Acute Rheumatism, 1; Typhoid Fever, 2; Scarlatina, 5; Diphtheria, 1; Pneumonia, 2; Felon with loss of part of finger, 1. An array of sickness seldom seen in one family in a short time, except under conditions any thing but hygienic. I must credit them however with considerable recuperative power, as the only death was *a part of one finger.*

My patient continues in good health and has no return of his trouble at this date, March 31, 1880.

IV.

CASE OF RACHITIS.

R. E. JAMESON, M.D., JAMAICA PLAIN.

ROLAND B——, aged 2 years, had slight curvature of spine and deformity of lower extremities. He did not attempt to use his legs at all, but crept about with his hands and

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dragged his body along the floor. I treated him for about eight months with *Calc. carb.* and *Phos.*, from the 3d to 200th potency with decided improvement in the spine, and general condition. One day I was called to see him, and was told that he had fallen off the sofa where he was lying, and screamed every time he was moved. I examined him carefully, and found the injury was evidently in the right leg, but I could not at first detect any fracture. Two or three days after, however, I discovered a fracture of the femur at the middle third. I concluded that at first it must have been an incomplete fracture, and the movements of boy finished it. I applied coaptation splints, and had a frame made to enclose his body from the axillæ to two or three inches beyond his feet, and applied extension to fractured limb, by means of a screw in the foot-piece of the frame. I had grave doubts about getting a good union in the present condition of his bones. I gave him *Arnica* 30, for a few days, then *Symphytum* for a week, and later *Calc. phos.* for five weeks; the splints were removed, and union found to be perfect. I continued to treat him for the Rachitis, giving *Calcarea* as before, and he is now perfectly well, with no distortion of the bones, whatever.

V.

CASE OF HIP-DISEASE.

R. E. JAMESON, M.D., JAMAICA PLAIN.

WILLIE, aged 7 years, had been confined to the bed a year or more, with inflammation of the cervical vertebræ, under the care of Dr. Buckminster Brown. He was recovering from that, and the Doctor was having a support made for his head, so that he could sit up, when he was seized one night with severe pain in the left hip, and in the morn-

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ing I was sent for. I found him suffering great pain directly over the articulation, accompanied with high fever; skin hot and dry. The region of the hip was very red, and the pain aggravated by the slightest movement or pressure. He lay in a semi-prone position with his leg flexed. I gave him *Belladonna* every two hours, and applied cold water locally. On the 4th day, inflammation very much less; his fever had subsided, but he was in a cold sweat; face of an ashy color; abdomen distended, and loose discharges from the bowels. I now gave him *Mercurius*, 200th, and he soon began to improve in his general condition, and there was very little inflammation about the hip; it hurt him very little to move it up or down, but he could not bear to have it rotated. Under *Calc. carb. Lycopodium* and *Silicea*, as indicated, he steadily improved, and now goes about on crutches with very little deformity of the limb. His general health is perfect.

VI.

THE APPLICATION OF EXTENSION TO INCIPIENT SPINAL DEFLECTIONS.

H. M. JERNEGAN, M.D., BOSTON.

It is not my purpose in this brief reference to the application of support in incipient deflections of the spine, to enter into a discussion in detail of the etiology, pathology, and treatment of spinal diseases, but simply in as few words as possible call your attention to a class of cases which I am led to believe are not considered in all their gravity by the profession at large, and to which I believe the application of mechanical support to offer on the one hand great relief, and on the other a partial freedom, at least, from the grave symptoms too often attending the expectant treatment alone. That we may bring the subject under consideration more

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fully into view, let us refer to the long established division of spinal deflections into posterior angular curvature (Pott's disease) and the rotatory lateral curvature.

Posterior angular curvature, generally occurs in strumous subjects, and may generally be traced to an injury as the exciting cause. There are two forms of this disease — one affecting the intervertebral fibro-cartilages, and consists of an inflammatory softening and disintegration of the same, terminating in anchylosis of the contiguous bony surfaces. The other, attacking the bodies of the vertebræ themselves, is characterized by a breaking down of the bony structure and formation of abscesses, and may terminate in death by exhaustion, or result in bony repair by callus anchylosis and recovery with deformity.

Rotatory lateral curvature in anæmic children, where, from want of vigor, vicious positions are assumed, thus encouraging the atony of certain sets of muscles; or in individuals of more robust health, where from injury to the spine, from falls, railway accidents, etc., spinal concussion so far impairs nutrition that muscular atony supervenes, and curvature, as a result, develops.

It is to the class of cases having their origin in concussion of the spine, and resulting in topical spinal hyperæmia local meningeal subacute inflammation with thickening, and the attendant symptoms of spinal irritation, neuralgia, partial paralysis, invalidism and death, in preference to those cases of apparently graver developments, but whose character is more readily observed, that I would now call your attention, and attempt to present for your consideration my views on the early application of mechanical support thereto: having in view the prevention of further deformity and attendant neuralgia, and consequent waste of the system from irritation, and further, the removal of obstacles in the way of recovery by a system of medication.

Spinal concussion — and in using the term I desire to have it understood that I refer not only to the effects upon the cord itself, but also upon the meninges, and to those symp-

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toms that supervene after concussions and not traceable to any perceptible lesion of structure — may manifest itself at once by grave symptoms of pain in the affected part — partial or complete paralysis of those parts below the seat of injury, general exhaustion and nervousness. These symptoms, under the proper restrictions of rest and medication, either pass away after the lapse of a few weeks, or gradually develop into that helpless state of progressive paralysis, until death closes the scene.

On the other hand, little may be thought of the blow received, or the fall sustained, and the shock over, it is passed by as only a smart shaking up. The patient attends to his duties as usual, until admonished by the supervention of great fatigue on slight exertion, a stiffness of the spine and legs on walking, apprehensiveness, and tenderness at the seat of injury, that all is not right. The patient's gait soon becomes unsteady; ascending stairs is difficult; bending and moving the spine are painful; he carries himself stiffly; sits down to reach anything on the ground; his side is painful and sinks in on sitting or standing long. These symptoms denote that the shock has produced some change in the nutrition of the cord or its membranes, and this change has resulted in hyperæmia, congestion and inflammation of these structures; or that the intervertebral fibro-cartilages, having suffered by the concussion, have, as the patient has carried about with him the superincumbent weight of the body above these sensitive and congested structures, become more and more irritated, and may now be about to take on a condition of active and destructive inflammation.

Frequently in the appearance of early symptoms, curvature is found to exist; in others not until later; in others not at all; and from the fact that in many cases the recumbent posture is so soon sought that its development is not brought about. This curvature may be posterior and very slight, or lateral, and quite marked only when keeping the patient in the sitting posture for some little time, when the more sensitive side will droop. When curvature is present,

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we can clearly see that the case is aggravated thereby in the increase of nerve irritation, and general exhaustion hastened. The impaired nutrition produced the deflection primarily, later the deflection increases the mal-nutrition. The rationale of extension in the hyperæmic and even chronically inflamed cord and membranes is this: The engorgement of the parts is not an active condition; is not arterial but venous; in other words, not due to the great excess of arterial blood flowing into the parts, but to the want of ability on the part of the veins to empty themselves, either through the narrowing of the channels through which they have their exit, and which is due to deposits produced during the early hours of the injury, or owing to a varicose condition dependent upon impaired nutrition consequent on the injury.

The general anæmic condition following concussion favors a falling together of the spinal bodies, thus narrowing rather, if possible, the apertures of venous exit; and especially is this so when deflections exist. We have seen that the upright or sitting posture aggravates these cases, because in this position the escape of blood from the congested spine is not favored.

In softening of the cartilages, or where we suspect them to be implicated after concussions, and especially where even the slightest posterior excurvation exists, application of extension to remove superincumbent weight, as you would from an inflamed hip or knee, is certainly most plausible.

Now, in lateral deflections, dependent on concussion, the early application of mechanical extension accomplishes a threefold purpose. Observe: The deformity being reduced, irritation from this cause ceases, and the strength of the patient is saved. The vertebræ are separated, and the capacity of the intervertebral apertures thereby increased, and the exit of blood favored; the vertebræ are rendered more fixed, thus preventing the painful jar on motion, and enabling the patient to bear such out-of-door exercise as is indispensable to recovery.

I would not be understood as believing that every case of

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spinal concussion is to be cured by mechanical support, or, in fact, any known treatment, for I am well aware that such changes are caused by a sudden shock to the spine, that nothing but invalidism and death can ever supervene, let the treatment be what it may. Yet, in all cases it is the blessed privilege of the sufferer to have done what the careful and expert practitioner may deem wise; and I would express my confidence in the efficacy of spinal extension, not only in those cases of early deflections, but where the symptoms would indicate the possibility of their not remote occurrence on the grounds above named, believing that its adoption would prevent the rapid advance of disease in many cases, and be productive of speedy cures in others.

The form of support to be applied can be arrived at only by determining the amount of extension necessary, and the limitation of movement desirable. When no great pain exists, on moderate movement, I have preferred a brace of yielding, elastic structure, which would enable the patient to move about with a degree of comfort and ease, and in my hands none have been more useful than the Banning Brace. Where more rigidity was required, Woods', Taylor's, and Bauer's Brace have each served their purpose well, while in those cases requiring a more uniform extension and great rigidity, nothing has equalled the Plaster-of-Paris Cuirass. In the application of this last form of support, the bandages should be made of that grade of cotton cloth known as cheese cloth. The plaster should be fresh and of good quality; and the bandages prepared with the plaster but a few hours before requiring them. If the disease is high up, the head should be supported by means of a jury-mast, whose point of attachment to the cast should be over the sacrum.

I append, for your consideration, a case of some interest —peculiar in the manner of injury, and gratifying in the success attending the treatment thereof. Howard B—— in 1872, being then five years of age, fell twenty-two feet from the second balcony of his home in Jacksonville, Flor-

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ida, striking on his back and head, on soft ground. When picked up by the family, immediately after, he was unconscious — face pale, eyes open and tongue protruding — and bore every appearance of having sustained a fatal shock. The attending physician applied such restoratives as were deemed best, and consciousness was finally partially restored, but for days he was delirious; and when the mind became clear, great sensitiveness to light and sound was present. In course of time his recovery became complete. He complained but little, and little was thought of the injury.

In 1873, one year after the injury, he commenced to complain and suffered so much from pain through the dorsal region that he could play but a little while without lying down. An irritative fever at night was of frequent occurrence. Under treatment, medical and electrical, he grew no better; and on March, 1879, came under my care. When first called he was suffering from irritative fever—face red; pulse 140; tongue coated; dorsal and upper lumbar vertebræ painful and sensitive to touch. Ice locally, and *Gelseminum* relieved for the time; but a little exercise would bring back the irritative fever. Upon examination the spine looked straight, but upon retaining the sitting posture for a few minutes a slight dorsal curvature to the left, and also a compensating curve in the lower lumbar region was perceptible. The spine was relieved by carrying the shoulders up. I advised a Banning brace, with side props, which was at once adjusted, and improvement soon commenced. *Gelseminum* and *Syr. Hypophos. Comp.* were continued for a time, when the brace alone, with good air and nourishment, were left to do the rest. All summer he played out of doors, and was obliged to rest but little. All winter he has attended school, endures fatigue and study, has become robust and hearty, and romps with other boys. Though not dispensing with the brace, we consider him in a fair way to do so, at no distant day.

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VII.

SPRAINED ANKLE IN THE FLAT-FOOTED.

H. M. JERNEGAN, M.D., BOSTON.

THE sprained ankle in the flat-footed subject, which we so often have before us because of the readiness with which the sprain is produced, is not, in my experience, as a rule, attended with much inflammation or swelling, but exhibits more a puffiness beneath the ligaments affected. As I have had a number of cases under charge that have resisted treatment in the hands of other practitioners, I have felt obliged to resort to some device to cure. I give my experience below: —

When swelling and inflammation exist, I have enveloped in cotton batting, bandaged, and then immersed in tepid water until saturated, enveloped in an inevaporant and put to bed, with orders to keep wet for several days. On removing the bandage the third or fourth day, the swelling will have subsided, and the second step in the treatment is to be taken. Covering the foot with a well-fitting woollen stocking, a plaster bandage is moistened and applied over the whole foot and leg to the knee, and fresh mixed plaster over this. When dry and hard the patient can move about by aid of crutch or cane without bearing weight on the affected part.

In from one to three weeks the plaster may be removed, and the third and last step undertaken. This consists in forming an artificial arch for the weakened foot by the adjustment of a steel shank to the bottom of a well-fitting laced shoe.

The flat foot is due to a laxity of the ligaments of the tarsal arch; and unless the arch be supported artificially, the ligaments become easily sprained; and once injured, every movement without support aggravates, and treatment fails of success.

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Below I append two cases.

Case I.— Mrs. C —— sprained her ankle during the winter of 1878, when it was quite painful and some swollen; was confined all the winter and spring; and although under treatment, all the trouble would be brought back by an attempt to walk a short distance, or by standing for a little time. She came under my care in July, when stimulant and anodyne lotions were ordered, and artificial arch adjusted. Improvement was immediate; and in a month's time patient was well and able to attend to her duties as usual.

Case II.— Mrs. H ——, a young woman obliged to be on her feet much of the day, called on me Sept. —, 1879, and informed me that several weeks previous she had sprained her right foot; that she had used liniments, as advised by her physician, and resorted to rest, but was now unable to attend to her duties but part of the day, on account of her foot; found the foot flat, tarsal ligaments stretched and tender, some puffiness, but no swelling. Prescribed as in Case I., and improvement was so great that in a few days she followed her duties as usual, and has continued to do so until the present time.

VIII.

AUTOPSY OF THE LATE J. H. WOODBURY, M.D., OF BOSTON.

REPORTED BY H. M. JERNEGAN, M.D., BOSTON.

THE *post mortem* examination of the body of the late John H. Woodbury, M.D., was held at his late residence, No. 165 Boylston Street, on the afternoon of March 1, 1880, in the presence of the following physicians: — Drs. Chase (of Cambridge), Spaulding (Hingham), Morse (Salem), Syl-

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vester (Newton Centre), Brooks (East Boston), Phillips and Paine (Boston). On viewing the body emaciation was observed as extreme, and *rigor mortis* wanting. Upon elevating the sternum a *sero-sanguineous* pus was observed to ooze from the substance of the manubrium.

The condition of the lungs can be best described by observing each in succession. The right lung was adherent anteriorly, laterally, and posteriorly — the anterior adhesions being less firm, and admitting of some movement of the lung, while laterally and posteriorly the pleural cavity was entirely obliterated, and the lung had the appearance of having grown up from the thoracic wall. The anterior portion was crepitant; the posterior two-thirds dense, and had the appearance of flabby beef. The left lung was crepitant throughout; and though adherent on all sides by broad, filmy adhesions, presenting bands with broad spaces between, it was freely movable, and the pleural cavity contained no more fluid than normal. No tuberculous deposits were found in either lung. The bronchia were, at points, dilated, and considerable ossification was found to have taken place.

The pericardium was opened, and contained a fluid, normal in quantity and quality.

The heart was of normal size, muscle slightly flabby, valves healthy; spleen normal; liver normal in size and appearance, though the right lobe was slightly adherent to the diaphragm; the gall bladder quite large and filled with gall, and containing several gall-stones,— one as large as a good-sized cranberry. The kidneys presented no abnormal appearance, the left being somewhat larger than the right. These were sent to Prof. H. C. Ahlborn for examination, and he has reported nothing abnormal.

The brain was exposed, and found to be very large, well-developed and very firm. No evidence of disease existed here.

Death was caused by exhaustion of the nerve forces and general inanition. The diseased right lung was the direct cause of the decline of health, which was furthered by over-

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work, and aggravated by acute Pneumonia, producing a condition of nerve irritation throughout the air passages, giving rise to frequent and persistent attacks of Asthma, which have slowly worn out a constitution in itself strong, and aided by that indomitable will which has made his life so fruitful of good and useful deeds.

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IX.

HEART-CLOT AND DEATH.

J. H. SHERMAN, M.D., SOUTH BOSTON.

JULY 5, 1879, 12.30 P.M., was called in haste to see Rev. Herman Bisbee, Pastor of the Hawes Place Unitarian Society, South Boston. The general appearance of the man was that of health and vigor. He was a little below the medium stature, rather stout, with short neck and a very large head with a preponderance of front brain. He claimed to have been previously healthy, though he said it somewhat hesitatingly, and qualified it by the remark that he was troubled occasionally with dyspepsia. The present trouble was severe distress in the stomach and lower part of the chest. He said he ate heartily of baked beans and brown bread the evening previous; sat up late preparing his sermon; awoke in the morning not feeling as well as usual, and made a light breakfast on a few dry crackers. He rode from Dorchester to South Boston in a horse-car, and at one time, on the passage, lost his consciousness for a few moments. He preached in the forenoon, but began to feel in distress before the close of the service. Thinking I had a case of indigestion to deal with, ordered him to drink freely of warm water, which had the effect to cause him to eject the cracker that he ate in the morning. He now ex-

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pressed himself as perfectly relieved. A parishioner, with whom he was tarrying, remarked that he never heard him preach so interesting a sermon as that morning. This compliment seemed to please the patient, and led me to inquire the subject of his discourse, when he proceeded to give me a synopsis of the sermon. He was cautioned against talking too much, but he said it was a relief to him as it took him out of himself. And here I would remark that the patient appeared from the first very nervous and apprehensive,—so much so as to elicit my surprise that one who ought to be schooled to suffering should make so much ado about what seemed to be so trifling a matter. He now began to complain of pain in the limbs, one after another, and of numbness in the limbs, and expressed a wish to have them rubbed. Suddenly he put his hand to his head, and, with a look of great anxiety, said: "This is something new; I never had this before." When asked if he had pain in the head, he replied, "No, but an indescribable sensation." Some hot water was ordered for bathing the head, rather to appear to be doing something, than from the expectation that it would afford much relief. Before the water could be procured from an adjacent room, the patient was seized with a tonic spasm; his limbs extended, became rigid; the head was slightly drawn back; the breathing was stertorous, the face cyanotic, the pulse gone, and death closed the scene. My certificate of the cause of death read: Apoplexy preceded by Heart-Clot. My theory is that *emboli* were sent out from the heart, and, coming to a point in the arteries too small for them to pass, they served as plugs, completely arresting the circulation, producing pain and numbness in the extremities. A clot was sent to the brain; and, becoming lodged there, produced effusion and compression of the brain. Since the decease of Mr. Bisbee I have learned that he had had one or two attacks of loss of consciousness previous to this; and in one instance was picked up on the street, and brought home insensible.

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X.

CASE OF TYPHOID FEVER.

W. H. LOUGEE, M.D., LAWRENCE.

Was called March 15, 1879, to see Mr. G., aged 36, whom I pronounced sick with Typhoid Fever. Pulse 100 and full; temperature 103½°. First week, condition as follows, viz.: temperature ranged 102° to 103½°; tongue dry, great thirst, much pain in the bowels, with frequent stools, which were thin, brown, and very offensive. Had considerable discharge of bloody matter from posterior nares, coughed considerably, and complained almost constantly of the cold chills which were passing down his back. Complained of much pain in his back and head. Such is an outline of his symptoms during first week. During first week he received *Baptisia* and *Bryonia* for first three days, then *Baptisia* and *Rhus Tox.* Patient seemed to be doing well.

First day of second week had severe, profuse hemorrhages from the bowels, followed by great prostration, and quite frequent stools, all of which contained more or less blood. Third day of second week came inability to void his urine, and it was with the greatest difficulty that a catheter could be passed. The difficulty of passing the catheter led me to examine the prostate. Upon making the examination, I found it almost impossible to pass my finger up the rectum, the prostate gland was so enormously swollen, and so sensitive that the slightest touch caused him to cry out with pain. His tongue was very dry and badly cracked, much sordes on teeth and lips, great restlessness, could not lie in any position except on his back; temperature ranging from 101° to 103½°; badly covered with sudamina. Treatment during second week: Bowels kept constantly packed in cold water. When hemorrhage came on, he was given *Nitric Acid* and *Rhus Tox.*; also, an injection of the *Per-*

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sulphate of Iron, two drachms to one pint of water. The injection stopped the bleeding at once. *Nitric Acid* and *Rhus* were continued until third day of second week, when the urinary trouble came on which led me to examine the prostate gland; after which I continued *Nitric Acid*, with *Thuja* in place of *Rhus Tox.* These medicines were continued during the remainder of second week. In addition to these, when suffering great pain in bowels or prostate gland, I ordered ten drops of *Opium Tinct.* in two tablespoonfuls of water to be given *per rectum.* This never failed to afford him relief and insure him a good rest.

Third week: In beginning of third week I noticed the pulse, though very quick, was intermitting badly. Temperature still 103½°. Upon a close examination of the heart, I found mitral insufficiency, with regurgitation. Prostate still swollen and very painful; bowels very painful and tympanitic; stools still frequent, and streaked with blood; unable still to void his urine. In beginning of third week, for heart complication he was given *Digitalis* and *Nit. Ac.* My object in continuing the *Acid* was to prevent another hemorrhage from the bowels; but after continuing the *Acid* for three days in third week I again returned to *Rhus Tox.*, but continued *Digitalis.* Kept bowels packed in cold water. When first giving *Digitalis* there was a marked improvement in the action of the heart; but, as disease approached the end of third week, pulse again became small and badly intermitting; venous system became over-full, while the arterial system was poorly filled. His face grew very dark colored; lips and hands almost black; urine almost entirely suppressed; heart's action very feeble. At this stage of affairs I feared complete anæmia and death from uræmic blood-poisoning, as so little blood was brought in contact with the kidneys owing to the feeble contractions of the heart, and the failure on the part of the heart to fill the arterial system. The only way out of the difficulty seemed to lie in the category of heart stimulants: so I prescribed whisky freely and doubled the strength of my *Digi-*

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talis, hoping and expecting by these means to stimulate the heart's contractions sufficiently to fill the arterial system, cause more urine to be secreted, and ward off an attack of uræmic intoxication by increasing the excretion of urea. My expectations in this direction were not disappointed, for after a few hours of stimulation the whole matter was changed, for both heart and kidneys began to do their work finely; the venous engorgement was relieved; the arterial system well filled, and urine secreted in normal quantities. The livid appearance of the face, lips, hands, and feet, had changed, and showed signs of returning health; in other words, that the crisis had been successfully passed, and that we could double our hopes and expectations of a speedy recovery. But notwithstanding the favorable change which had come over our patient within twenty-four hours, all his troubles were not ended, for he was not able to void his urine; prostate still swollen very large, and felt very hard, so much so that I still feard ulceration would take place. I now changed his treatment a little: gave him a little whisky for its influence upon the contractions of the heart, and gave *Thuja* and *Pulsatilla* for the painful gland; also, introduced twice a day a suppository composed of *Iodoform* and *Tannin*. This treatment worked well upon the gland, but inability to pass urine still remained. At this time I noticed urine was offensive when drawn. This led me to make a microscopical examination of the urine freshly drawn, when I found the urine alive with *Bacteria;* it also contained blood corpuscles, mucus corpuscles, and pus corpuscles.

Believing that my patient had Catarrh of the Bladder, and that *Bacteria* was the cause of this catarrhal condition, I decided to wash out the bladder with a one-per-cent. solution of *Carbolic Acid*. Eight hours after first washing out the bladder, I noticed a decided change in the smell of the urine; so marked was the change that the patient spoke of it himself. After second washing out, the change in smell and appearance of the urine was still greater than after the first; and, after the third washing, patient was able to pass his

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urine for the first time in three weeks; from which date patient passed on rapidly to convalescence. Thus ended one of the most severe and complicated cases of Typhoid Fever I had ever treated.

XI.

A CASE OF DIABETES INSIPIDUS.

L. A. PHILLIPS, M.D., BOSTON.

WHILE a certain class of physicians claim to discard "Clinical Experience" as of little or no value to the disciple of Hahnemann, I have observed that all (and this same class no less than others), when they come to the treatment of a case, are governed quite as much by their previous experience with similar cases as by the pathogenetic symptomatology of the Materia Medica. Hence I believe the study and comparison of the result of clinical observation to be of prime importance. With common, frequently-occurring diseases, each individual physician may acquire a sufficient amount of experience to serve as a reliable basis for future action; but, with such as are infrequent or rare, we should each contribute to a general fund the experience we may have, that all may reap the benefit of the aggregate. It is with this view that I contribute the following case, and not because it presents any wonderful peculiarities, or indicates any great skill in the treatment:—

November 22, was called to see Mrs. M——, a lady aged sixty-two, who complained of inordinate thirst for cold water, great dryness of the tongue and throat, loss of appetite, excessive flow of colorless urine, and a sense of weakness or exhaustion. Pulse was rapid (96), soft, and full. Tongue large, dry, rough, and very brown in centre; red, and resembling raw beef, at the edges and tip. Sclerotica

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and skin yellow, jaundiced in appearance, and the skin dry and hard. Face flushed, crimson, and extremities cold. The quantity of urine passed in twenty-four hours was from eight to ten quarts.

I prescribed *Phos. Ac.* 1^x; and this was continued for two weeks before I saw her again, as she was too far distant to be frequently visited. Meantime, a careful qualitative analysis of the urine showed a sp. gr. of only 1.006; no albumen; *no sugar;* and no renal casts: therefore, not Diabetes *mellitus*, but *insipidus*. As I found improvement, or, at least a diminution, in the quantity of urine, and a corresponding decrease of thirst, and nothing to contra-indicate it, the same remedy was continued. But, after two weeks more, improvement had ceased, and she complained of a feeling of heat in her stomach and throat, and burning of soles of feet and palms of hands. There was now, also, considerable anasarca. I gave *Ars.* 3^x, and a powder each night of *Sulph.* 12^x.

These remedies seemed to be of very little service. The internal heat, dry, brown, bitter condition of mouth, tongue, and throat unrelieved; and quantity of urine increasing, quality unchanged. After another week, under *Ars.* 30, in spite of the discouragement of Hughes, whom I generally find a very reliable guide, I selected *Helonias* as the remedy which, by the law of Similars, ought to be of service. Its administration was followed almost immediately by rapid improvement. In a few days, the internal heat and burning of feet and hands had ceased to be troublesome; the horrid coating on tongue gradually thinned, and finally disappeared; the appetite returned with vigor; the thirst decreased; and the urine gradually diminished in quantity, and regained its normal sp. gr. and quality. Thus a case of unquestionable Diabetes Insipidus was thoroughly and speedily cured by *Helonias*.

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XII.

PELVIC CELLULITIS.

W. H. LOUGEE, M.D., LAWRENCE.

MR. PRESIDENT AND FELLOW-MEMBERS.—The subject I have selected for a short paper to-day is Pelvic Cellulitis. I have selected this subject because I think it one of great importance, and therefore of interest to the general practitioner, but of special importance to those interested in and practicing Gynæcology.

Cellulitis, like Pompeii and Herculaneum, existed centuries ago; and, like Pompeii and Herculaneum, has been forgotten in the buried past, until within the present century. By Pelvic Cellulitis I understand an inflammation, acute or chronic, of the connective tissue which is found in the region around the uterus and in the interspaces of the broad ligaments. This inflammation produces, not, as formerly understood, proliferation of cells, but as demonstrated quite recently by Cohnheim and Stricker, emigration of cells (leucocytes) into the connective tissue, until you have enlargement. Cohnheim has shown conclusively that these cells take no part in the inflammation existing; that they are not proliferations as the products of the inflammation, but emigrations invited by the inflammation. This inflammatory process which, from different causes, has been set up, terminates in one of three ways; viz., resolution, organization, or suppuration. When it terminates by resolution, hyperæmia, which causes emigration of cells, ceases, and fatty degeneration in emigrated cells goes on, and absorption and elimination of metamorphosed cells take place. When a cure is brought about by resolution, nothing remains behind to trouble the patient in the future; but, when the cure does not take place by resolution, the cells become more fully developed, and ultimately form fibrillated tissue.

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This form is most likely to precede low types of inflammation. The process of organization is produced by the formation of new capillaries, and by the development of young cells into fibrillated or granulated tissue. These cells possess a higher degree of development than the leucocytes, which are the direct emigrating cells in a case of inflammation. This granulated substance develops into a fibrillated or adenoid substance, which remains permanent after being once established. The third form is that which usually terminates in suppuration. How shall we know when we have a case of Cellulitis? and how are we to determine which of the three stages we are called upon to treat? The stage of the disease is next in importance to the disease itself. We shall have, in all acute attacks, rigor, pain, fever, painful micturition and defecation, tendency to Menorrhagia or Metrorrhagia. Physical signs: feeling of fulness around the neck, on either side, or behind the uterus, with great sensitiveness and pain on pressure. While Hematocele, with which Cellulitis is sometimes confounded, is always sudden in its appearance, without constitutional symptoms; is never a disease by itself, but always a symptom of some other disease. Before proceeding to speak of the causes of Pelvic Cellulitis, let us for a moment understand, if possible, its great and growing importance; for certainly it is one of the most common, as well as one of the most difficult, diseases which the gynæcologist is called upon to treat. Therefore, in the examination of every case which presents itself, first settle the question whether acute or chronic Cellulitis exists; for, if existing, it is of such vast importance as to influence all other examinations.

In introducing the finger into the vagina, the first thing to be done is to pass the finger around the neck of the uterus to ascertain if there is any infiltration or enlargement; then examine either side and posteriorly for any enlargement or unnatural fulness which may exist there. This should always be determined before we proceed to ascertain size or position of the uterus. If you find the neck of the womb

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contracted and inclined to one side of the vagina, you are generally correct in deciding that you have a case of Cellulitis, and that the serum has been deposited in the interspaces of the broad ligament, corresponding to the side of the vagina to which the neck of the uterus is adhered. This fact alone is worth a great deal to the gynæcologist, so far as influencing his course of treatment; for, when we have any form of Cellulitis, none but the most foolhardy would risk their reputation, or endanger the life of their patient by forcibly dilating the cervical canal, or changing the position of the body of the uterus. Neither must we omit the examination *per rectum;* for extensive disease may exist in the upper part, along the course of the Fallopian tubes, or in the ovaries, which cannot be recognized through the vagina. Cellulitis may exist in any degree, from a small point of tenderness to diffuse or general Cellulitis. Cellulitis is most generally found, when limited, in the left broad ligament, extending backward along the right utero-sacral ligament. When Cellulitis is the result of injury during child-birth, or when it follows any surgical operation to the cervix, it usually occurs in the folds of the broad ligaments.

I am convinced that the more we investigate Cellulitis in all of its forms and phases, the more we shall find there what we have been accustomed to call and treat as uterine disorders. This new field, comparatively speaking, furnishes great opportunities for the gynæcologist to display tact, skill, and judgment. In my opinion, if there is any disease which requires superior skill and judgment in its management, that disease is Cellulitis. Heretofore it has been considered that we did not have Cellulitis unless we first had Metritis, Salpingitis, or Ovaritis. Until quite recently, it has been maintained that Cellulitis must and did exist as a secondary disease. But, at the present day, thinking and observing gynæcologists are of the opinion that Cellulitis may exist independent of any other disease; and that its primary cause can be traced to the sympathetic system,—

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want of nutrition. This view does not preclude the possibility of Cellulitis occurring as a secondary result; as, for instance, in or during the puerperal state. Why should we not expect disease of the connective tissue of the pelvis, independent of any other disease, when there are a greater number of nerves and blood-vessels in the pelvic connective tissue than are found in the same space in any other part of the system? Such being the case, would it not be most natural that when nutrition, from any cause, was disturbed, disease would follow? One strong argument in favor of Cellulitis existing as an independent disease is the fact, which seems established beyond dispute, that inflammation in the walls of the uterus never exists except in the puerperal state, and perhaps in malignant disease. That being the case, the many cases of Cellulitis that have been attributed to inflammation of the uterus would not seem to be well grounded. It would seem the most natural for the connective tissue to become involved first, in all cases where the disease is produced through lack of nutrition, or any disease of the blood or blood-vessels; because, in the first place, the connective tissue is much richer in blood and blood-vessels than is the uterus; and, in the second place, the blood must pass through the connective tissue before it can reach the uterus. I think this view of Cellulitis of great importance to the practitioner, because Cellulitis is of such paramount importance that its cause and its condition should be clearly understood from the first; for then it can be more intelligently treated. I fear there are too many attempts to cure Cellulitis by first attempting to cure the womb, Fallopian tubes, or ovaries, which, in the beginning of the Cellulitis, were perfectly healthy, and would have remained so but for the Cellulitis.

Pelvic Cellulitis arises from any disease of the uterus which produces inflammation; therefore, it is common after parturition and abortion. It also follows injuries to the cervix which are severe enough to produce inflammation; also, it may be stimulated from the pressure and irritation of

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a bad-fitting pessary; and may arise from cold and fatigue. It is very common in Puerperal Metritis; for an inflammation of the veins of the uterus would naturally extend itself into the connective tissue through which these veins extend.

Differential diagnosis, from Fibrous Tumors, Pelvic Peritonitis and Hematocele. Fibrous Tumors are not tender, are movable, are unaccompanied by fever, and attached to the uterus. Hematocele is sudden in its appearance, soft at first, and then hard; is the product of some previously-existing disease: whereas Pelvic Cellulitis is hard at first, and then soft from suppuration. In Pelvic Peritonitis the swelling is higher and the uterus less movable.

There is one other cause of Pelvic Cellulitis to which I wish to call your special attention before proceeding to speak of the treatment of Cellulitis, because I consider it a very common one. The cause to which I refer is Gonorrhœa. If Cellulitis stimulated by Gonorrhœa was essentially different from Cellulitis from any other cause, I would designate it Gonorrhœic Cellulitis. This disease often attacks the vagina, producing Vaginitis; then, advancing, produces Endo-Cervicitis, Metritis, Salpingitis, Ovaritis, and finally Cellulitis. Provided the attack is not acute, we must not infer that it does not exist; for I think it does its work as surely and much more permanently when arising from the contagion of what is usually known as gleety discharge, than when arising from the contagion of acute Gonorrhœa. I sometimes think that when a membrane is attacked by any severe inflammation, that so much blood is brought into the part, and so much serum escapes, that the disease washes itself out until none of the contagion remains behind; but, when the inflammation is less acute and more of a chronic character, the membrane attacked has not the same means of freeing itself that one has when attacked by an acute inflammation. Do we not often find that, when a woman marries a man who is suffering from gleet, that the woman is soon suffering from some form of the disease we have mentioned? or she is barren without knowing why she cannot

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bear children, suffers with Leucorhœa, Metrorrhagia, and a general breaking-down of health. Following up one of these cases, as I have done several times, and making a critical examination, you will find enlargements in the connective tissue of the pelvis, which may be large or small; and usually they are in close proximity to the neck and body of the uterus, and sometimes are adhered firmly to the body of the uterus: so that, if one is not very careful in the examination, he may be misled into the belief that he has to deal with a case of fibroid of the uterus; but they are not fibroids, and do not affect either the body or the cavity of the uterus like fibroids. But still they are hard, and would seem to be formed out of the fibrillated or granulated membrane which we mentioned as occurring under the second form of inflammation of the connective tissue. There may be more difficulty in making a differential diagnosis between this deposit and fibroids, because in both cases we have Metrorrhagia; enlargements about the uterus; also, a fixed uterus. The Metrorrhagia in either case can be accounted for from the increased vascularity of the tissues. The diagnosis of this form of Cellulitis must be decided from the history of the case and the uterine sound. Upon introducing the sound, you will find that, unless the neck of the uterus has been elongated by a previous inflammation, it will not enter the uterine cavity to more than the normal depth; but, by carefully feeling the lining of the uterus, you will soon find that it is soft and spongy, and much thicker than natural. Sometimes this fibrillated or adenoid mass will enclose one or both ovaries. In case this plastic exudation, fibrillated tissue, or adenoid substance, is a hardness, a thickness, without serum or pus, I should have very little hopes of producing a cure through metamorphosis or absorption. My expectations of helping the patient would be in checking excessive hemorrhage, relieving local irritation, building up the constitution, and in this way, without promising a cure, securing to her a fair and reasonable amount of health and comfort. It is our duty as physi-

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cians to relieve the galling of a heavy burden, when not in our power to lift the entire burden.

How shall we treat Pelvic Cellulitis in the many forms in which it presents itself? The first thing to do for a case of Cellulitis is to determine which one of the three stages you have to deal with. This is of paramount importance, because the three different stages require different treatment. If it be the first stage, there has been rigor: consequently the capillary system will be poorly filled; the tendency of blood will be to the abdominal cavity, and there will be over-distension of the blood-vessels which perambulate so thickly every part of the connective tissue in the abdominal cavity. This being the first step towards an irritation and inflammation, is, consequently, the first step towards a serous effusion. Therefore the sooner we decrease the blood pressure in the connective tissue, by increasing the blood pressure in the capillary system, the surer we will be of preventing an effusion of serum into this membrane. Therefore I think the best thing for the patient, immediately after the rigor, is a hot bath; next to that, to be put into a recumbent position, covered warm with blankets, and given *Aconite* until you have secured good capillary circulation by producing a free perspiration.

After *Aconite* has done its work, if pain, heat, and soreness remained, I should apply cold to the abdomen, and give *Belladonna* and *Bryonia* alternately; one for its influence upon the connective tissue and the other for its action upon the peritoneum. In case the ovaries were involved, I should give *Thuja*. If these remedies failed to control the pain and suffering of the patient, I should give an anodyne, injected into the rectum, sufficiently large to control the pain. This, I consider essential, for the reason that severe pain causes an increased amount of blood in the part where the pain exists. I should examine patient as often as every day, and, in severe cases, twice a day, to see if effusion of serum was taking place; as soon as I discovered effusion into the connective tissue, I should remove the cold applications from

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the bowels, and, in place of cold apply hot. I should also direct that large quantities of hot water, as hot as the patient could bear, be thrown into the vagina. The larger the quantity and the hotter the water, the better, provided it be not hot enough to injure the parts. This method I consider almost, if not quite, indispensable to a speedy cure of Pelvic Cellulitis. I could not treat a case of Pelvic Cellulitis after it had reached the second stage, with any feeling of assurance that I would be able to abort the third or suppurative stage, were I barred from the use of hot water. My confidence in this method of treating a case of Pelvic Cellulitis is so strong, and the results in cases where I have tried it have been so brilliant, that I have come to believe that almost every case of Pelvic Cellulitis, not puerperal or malignant in its origin, when treated in either the first or second stage (treatment beginning early in either stage), can be cured either by resolution or organization, thus preventing suppuration. As pus is never formed in a case of Pelvic Cellulitis under fourteen days from the attack (except in puerperal cases), we have ample time in which to prevent, or, in case it has already taken place, to produce, absorption and to prevent suppuration. Were I to select from the whole list of inflammatory diseases one in which to test Cohnheim's theory of inflammation and its treatment in the two stages by cold and heat, I would select Pelvic Cellulitis in the first and second stages. In the first, I would test the power of cold to produce contraction of the blood-vessels, thus preventing the emigration of large numbers of white-blood corpuscles through the blood-vessels into the connective tissue; and, in the second, I would test the power of heat in producing fatty degeneration or metamorphosis and absorption of these corpuscles when they have already become infiltrated. But few remedies are required in the two first stages of Pelvic Cellulitis; but, should we be unfortunate enough to meet with the disease in the third or suppurative stage, there will be ample chance for

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the physician to display his skill and judgment in the selection of remedies.

I speak confidently and with a good deal of feeling in regard to the management of this disease; for I am more and more convinced that the disease is too little understood, and especially is this true in the first and second stages; and, having witnessed in several marked cases the good results which have followed the treatment recommended in this paper, I can but speak confidently of that.

Mr. President, — If I have succeeded in presenting the subject of this paper to you in such a manner as to enable any member of this society to better understand or the more successfully treat a case of Pelvic Cellulitis than he otherwise would have done, I shall feel amply rewarded for my effort.

XIII.

SUB-INVOLUTION OF THE UTERUS.

H. K. BENNETT, M.D., FITCHBURG, MASS.

Mrs. R——, aged twenty-nine, mother of three children, the youngest two years old, consulted me last December for what she supposed to be some disease of the kidneys.

She complained of severe pain in the sacral region, also between the scapulæ, weight and bearing down in the pelvis, pain extending to the hips and down the thighs; had a profuse leucorrhœa and an irritable bladder. She was emaciated; her complexion sallow; *facies uterina* well marked; no appetite; weak; of petulant temper; — in fact, she was so broken down in health that she had become a wreck of her former self.

Examination *per vaginam* revealed an increase in size and weight of the uterus; it was tender upon pressure by bimanual examination; its position low down in the pelvis,

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forming the second stage of prolapsus; external os-uteri patulous and gaping. The uterine sound entered nearly four inches; its introduction caused some pain, and upon withdrawal it was covered with a sanguino-muco-purulent substance.

Diagnosis.—Sub-involution of the Uterus, with Endo-cervicitis and Endo-metritis.

Therapeutics.—Vaginal irrigations, twice daily, of a gallon of water at a temperature of 110° F. The introduction of cotton tampons thoroughly saturated with pure glycerine every night. Every five to seven days I depleted the cervix uteri of four to six fluid drachms of blood, by punctures made in the os by means of a Buttles' spear-pointed knife, followed by the introduction into the uterine cavity of crayons of *Iodoform* or suppositories of *Zinc sulphate.*

Internal treatment consisted in the administration of *Cimicifuga*, *Mercurius vivus*, *Sepia*, and *Phosphate of Iron and Strychnine.* The treatment of this case has been frequently interrupted by circumstances which could not be prevented; yet the result has been all that could be desired, and even more than expected. At present the uterus is of normal size, in its natural position, and its cavity in a healthy state. The patient has grown stout, is free from pain and lameness, and shows the flush of health in her face. A more grateful patient I never treated.

My purpose, Mr. President, in presenting this case, is to call the attention of the members of this Society to a disease very frequently occurring among women, and one which cannot be removed by the administration of internal remedies alone. I know there are many physicians who claim ability to cure such cases by highly attenuated remedies; but they belong to a class who never make a vaginal examination or use the speculum. They do not know what they are treating; and, furthermore, they do not make an ocular inspection of their work to ascertain what they have accomplished, or, rather, not accomplished. My observation convinces me that many physicians, having such patients to

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treat, either have them on their hands always, or else the patients seek relief from some other source, and never obtain it until they are treated in a scientific, common-sense method. Dr. Lougee, at our last semi-annual meeting, presented a very able paper on this subject; but for want of time it was not read, but referred to the publishing committee, and appears in our published proceedings. I now wish to indorse the recommendations given under the head of "Treatment" in that paper; and can, from a considerable experience, commend it to the medical fraternity as safe and successful. Physicians who have never resorted to these methods of treatment will, if they do so, be surprised at the successful results following. There is one caution which Dr. Lougee has probably inadvertently omitted to give: In using the Buttles' knife, let one puncture be made, and let a few seconds elapse before making others; for by making four or six punctures at once, as some authors recommend, the operation may induce an alarming hemorrhage, as recently occurred in one of my cases. From four to six fluid drachms of blood is sufficient to take at each treatment; and if one puncture does not yield the amount, another and another can be made until the requisite quantity is obtained. This alarming hemorrhage usually occurs in a highly congested cervix, or where the returning circulation of the cervix is obstructed. Dr. Lougee, in his paper, omits mentioning what I consider one very frequent cause of sub-involution of the uterus, viz., laceration of the cervix uteri during parturition. A number of cases have come under my observation and professional care in which this lesion seemed to be the real cause.

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XIV.

TRILLIUM PENDULUM, AS A UTERINE HÆMOSTATIC.

L. A. PHILLIPS, M.D., BOSTON.

THIS drug has, I think, been a comparative stranger to many of us; and perhaps some may desire no acquaintance, because it is one of the despised new remedies, and its record is as yet only clinical. However, having been most satisfactorily served by the *Trillium* and its active principle *Trillin*, I desire to present it to your notice, believing it will prove a true friend to all who may rely upon it in time of need. Though in use, according to Hale, for various conditions, it is only as a uterine hæmostatic that I have used it, and propose now to speak of it as such. In cases of hemorrhage consequent upon a lax, atonic condition of the tissues, whether *post partum* or otherwise, its action appears to be specific and rapid, as will be best demonstrated by the following cases: —

Case I.—Mrs. S——, age 32, mother of one child. When three months pregnant, without known cause miscarriage occurred. She was attended by an old-school physician. Hemorrhage following, *Ergot* was adminstered in drachm doses frequently repeated, with very little effect; *Cinnamon* and other drugs proved equally ineffectual. This condition of things continuing for forty-eight hours, the husband expressed the wish that a Homœopathic physician be called; whereupon the doctor in attendance said, if he desired it, he would resign the case. He did so, and I was called. I found the woman pallid, almost pulseless, and extremely weak. From the vagina oozed a small but constant stream of bright red blood. Examination showed the womb to be prolapsed; the os open to nearly the size of a quarter-dollar; the cavity thoroughly emptied; and the tissues in a soft, flabby condition.

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I dissolved about five gr. of *Trillin* 1x in three table-spoonfuls of water, and gave a teaspoonful every ten minutes. Within half an hour slight contractive pains were felt, and the flow of blood almost ceased. More of the medicine was prepared, and left to be given hourly for six hours; after which, there being no further hemorrhage, *China* was substituted, and rapid recovery followed.

Case II.—Mrs. W——, confined at full term. Delivery easy and natural, and all seemed well. As has been my practice of late on leaving a confinement case, I prepared some *Trillin* in water, to be given frequently if hemorrhage should occur. About three or four hours after my departure, in this case, the patient felt a gush, and the nurse immediately gave the medicine, and repeated it every five minutes. In about fifteen minutes after the first dose, contractions were felt, and the flow, which had been profuse, was under control, and was reduced to the normal lochial discharge. Moreover, whether from the effect of the *Trillin* or from other conditions, she suffered very little from after-pains, though in two preceding confinements she had suffered severely.

Case III.— Mrs. R——, age 47. For two years or more has had very profuse menstrual flow every two or three weeks, the intervals being in some instances only a few days. Twice during that time the hemorrhage was so great that she was brought very near to death's door; but under the care of an able Homœopath she had rallied, but was weak and anæmic.

A few months since, while visiting in this city, she was attacked with what threatened to be one of her worst hemorrhages. Being called, I gave a solution of *Trillin*, and the flow was speedily checked, and so controlled as to be only normal for the following three days, and then ceased. Since that time she has the remedy at hand, and when the flow appears takes a small powder once or twice daily, and thus controls it completely. The length of the menstrual periods has decreased and the intervals increased since its

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use. These cases will suffice to demonstrate the service this remedy has been to me, and I will not take the time to describe more. But I wish to call your attention to one other point in connection with the use of this drug:—

The *Trillin* is very bitter and rather disagreeable to take; and we are not expected to give any disagreeable medicines. Believing the control of hemorrhages to be a specific effect of the drug, however administered, I made the experiment of having 2 grs. of *Trillin* incorporated into a suppository of cocoa-butter; and these, being applied *per rectum*, will, I believe, produce their desired effect quite as quickly and just as surely as when the same remedy is taken into the stomach. I have had an opportunity to use them in only two or three mild cases; in these the result was entirely satisfactory. But I cannot claim it as a settled fact, that this method of administration will prove equal or superior to the ordinary way; but, if it should, it could be made use of in some instances where the medicine could not be taken into the stomach,—even in a state of syncope. I shall test the matter myself, and I hope others may do so as well.

XV.

PUERPERAL ECLAMPSIA.

M. V. B. MORSE, M.D., MARBLEHEAD.

At 11 o'clock on the morning of April 22 I was called to attend Mrs. G——, at the seventh month of gestation, in her fourth pregnancy. I found her suffering quite severely with what she called a sick headache. The nausea and vomiting was of the most extreme type, for the least change of position was followed by an effort to vomit.

I prescribed *Ipecac.* to be given every half hour, and

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ordered mustard paste to be applied to the region of the stomach and back of the neck.

At 3 P.M. I was sent for in great haste; but, as I was absent at the time, they called in an old-school physician, who pronounced the case Hysteria, and gave medicine accordingly, with directions that she must be dealt with in a stern and positive manner. Upon my arrival home at 3.30 P. M., I was again called to take charge of the case. I learned that she had not been relieved at all, from the first, but had gradually grown worse.

At 3 o'clock A. M. she suddenly exclaimed, "I can't see;" when she was seized with a very severe convulsion, which lasted about fifteen minutes. I found her in an unconscious condition, with extreme nausea; vomiting upon the slightest change of position, immediately followed by a convulsion which lasted about five minutes. I prescribed *Gel.* [200], but, not perceiving any immediate benefit from the remedy, I administered *Chloroform* by inhalation, enough to control the convulsive condition, and directed the attendant to watch the case carefully; and, if she became convulsed, to administer enough *Chloroform* to control the spasmodic condition.

I again called at 9 P.M.; found her more quiet, not having been convulsed for the last two hours; pulse 95; prescribed *Bell.* [200], to be given every half-hour.

I was called at midnight; found her still unconscious, but was having quite strong labor pains; and at 1.30 A.M. she was delivered of a male child weighing about four and a half pounds. Gave *Bell.* [200].

After delivery she became more comfortable, and slept a little; but at 4 A.M. she was seized again with a convulsion which lasted nearly an hour before I was sent for. I again administered *Chloroform*, and in about three minutes the convulsion subsided; but her pulse was 120 per minute; skin, hot and dry. Gave *Aconite*. At 9 A. M. had not been convulsed since five o'clock this morning; pulse 120, and respiration fifty times per minute; very restless;

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has a short, loose cough. Gave *Aconite* once every half-hour.

At 12 o'clock pulse 130; respiration, sixty times per minute; very restless; cough incessant, but quite loose; expectoration very frothy; lochia suppressed; still unconscious; has not urinated since confinement.

At 6 P.M. pulse 140; respiration, 72; cough loose and rattling, but not quite so frequent; expectoration, a white, frothy secretion, with extreme dyspnœa. Gave *Verat. V.*, followed by *Apis;* brandy given freely during the night.

April 24, 9 A.M., had a very restless night; pulse, 130; respiration, 70 per minute; dyspnœa a little relieved; cough very loose; passed a very small amount of urine, for the first time since confinement. Continued the *Apis.*

At 12 o'clock pulse 120; respiration, 65 per minute; took a little nourishment during the forenoon. 9 o'clock P.M., pulse 110; respiration sixty-five times per minute; cough loose. Continued *Apis.*

April 25, 9 A.M., pulse 102; respiration 48 per minute; urinated frequently during the night. There is considerable Metritis, attended with dark, watery discharge, from the bowels. Gave *Ars.* 9 P.M., she had a restless day, attended by considerable diarrhœa, associated with more or less tenderness of the bowels.

April 26, 9 A.M., had quite a restless night. Coughed, and expectorated more or less rust-colored sputa; pulse 100; respiration 36; diarrhœa quite troublesome, of a light color, attended with considerable pain in the bowels. Continued *Ars.* 6 P.M., condition very much the same as in the morning, although the appetite is not quite as good.

April 27, 9 A.M., spent a restless night; pulse 102; complained of tenderness and pain in the left ovarian region; bowels very loose, with much tenesmus; kidneys acting better; for the first time, I have been able to procure some of the urine for examination. I find it contains considerable albumen. Prescribed *Lachesis.*

3 P.M., pain growing more acute in left side; expecto-

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rated considerable rust-colored sputa, without much coughing. Applied hot linseed poultices to the left side. Pulse 108, and quite strong. Prescribed *Bell.*

April 28, 9 A.M., rested better during the night; pulse 102; tongue quite dry; breasts quite distended with milk; lochia very scanty; diarrhœa much better.

5 P.M., condition somewhat improved, with a short interval of consciousness.

April 29, 9 A.M.—Pulse 102; respiration nearly normal, with considerable pain still in the ovarian region; lochia very slight; diarrhœa still improving; kidneys acting some better, and the flush of milk nearly gone.

April 30.—Passed a better night; more or less pain still in left side; pulse 102; lochia slightly increased; appetite improved.

May 1.—Pulse 100; pain still quite severe in left side; passed a better night.

May 2.—Pulse 90; fever considerably reduced; but could recall no recollections of what had transpired from the first; could not believe she had miscarried.

May 3.—Pulse 100; considerable tenesmus in bowels; pain in cervical region quite severe, with snapping pain in head; appetite much improved. Gave *Ars.*

May 4.—Passed a restless night, due to the forcing pain in bowels and more or less pain in head. Gave *Ars.*

May 5.—Still suffering pain in head and bowels. Gave *Bell.* The case steadily improved from this time; but the character of the disease was too grave to reasonably expect a speedy convalescence, although at the sixth week I dismissed the patient as not requiring further attendance.

The character of the convulsions was evidently uræmic, although the unconscious condition of the patient rendered it impossible to obtain a specimen of the urine for examination until the case was quite far advanced.

This was one of the most extreme cases of the kind I have ever attended; and I believe it would have rapidly terminated fatally, had it not been for the prompt administration of *Chloroform* during the convulsions.

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XVI.

A CASE OF PUERPERAL CONVULSIONS.

B. A. MOOERS, M.D.

I WAS hastily summoned, about 4 o'clock in the morning, Feb. 2, 1880, to see Mrs. M ——, who had just "gone into a fit," the messenger said. I found the patient quite conscious, the fit having lasted only a few moments. Making further inquiries into the case, I ascertained that she had been married a year and a half, and was now six months pregnant. An older sister had had convulsions in her first pregnancy, and she had feared the same; but she did not know the facts till the danger was past.

Previous to her pregnancy she had always enjoyed excellent health, though she was of very marked nervous temperament.

They noticed nothing unusual in her condition until the middle of the fifth month, when her face and hands swelled considerably; her lower extremities had been swelled before, but they supposed *that* the usual accompaniment of pregnancy. When the face and hands began to swell they spoke to an old lady about it; but she said it was nothing: some women were always affected that way when pregnant.

Three weeks before I saw the patient, she suffered all night with a severe headache; which they treated only with simple remedies, thinking it another of the unavoidable troubles incident to her condition.

From that date her head had a stupid, oppressed feeling, and sometimes ached quite severely.

Sunday night, Feb. 1, she retired about 8 o'clock, having passed quite a comfortable day.

At 10 o'clock she awoke with headache so severe that her husband was up all night trying to relieve it, but with no success.

About 4 o'clock she had a very severe convulsion, throw-

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ing herself from the bed to the floor, while her husband was trying to rouse the family in the house. The convulsion lasted but a few minutes, and she became conscious again; and when I arrived I found her lying quietly, but she complained that her head ached badly, when I asked how she was feeling. Her face had at this time a bloated, disfigured appearance,—almost purple in color; circulation very much excited, pulse 120. She answered my questions in a slow, hesitating manner. On examining the urine by boiling it, I found it completely loaded with albumen; and the microscopic examination showed blood globules, epithelial scales, and tube casts in abundance.

I left *Veratrum Viride*, five drops to be given every hour till I returned.

About 11 o'clock A. M. she vomited (something she had eaten appearing to be the exciting cause), and immediately had another convulsion.

At noon I left *Chloroform*, with directions to use it when the premonitory symptoms appeared, or when she vomited. Before each convulsion a peculiar twitching of the muscles about the eyes was very noticeable. The husband spoke of it of his own accord; and I told him to use that as a guide in giving the *Chloroform*.

From this time she called for water often, and they gave large quantities through the afternoon, which she as constantly threw up; but I countermanded the water at 3 o'clock, when I called again.

They had prevented several convulsions by using the *Chloroform;* but at 4 o'clock she had a very violent one, in spite of it. About this time she manifested very marked hysterical symptoms; being almost uncontrollable, refusing to take the medicine, calling for water, screaming at slight opposition, etc.

I was called again about 7 P. M., and informed she had just had two more convulsions. She was then given a stimulating enema to relieve the irritation of the pelvic viscera, if possible.

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At 10.30 P. M. she had a very severe convulsion; and at its termination did not recover consciousness. The fits now occurred about every half hour, each one increasing in severity and duration. They were all very violent, and she threw herself about so much in her struggles that the attendants were obliged to hold her upon the bed.

About midnight I ordered *Chloral Hydrate* instead of *Veratrum*, which was given once in four hours, in twenty-grain doses, the *Chloroform* to be used as needed.

The convulsions grew less frequent after 1 A. M., and the last one occurred at 7 A. M.

The *Chloral* was continued less frequently through the day and Wednesday. Thursday she was conscious and very comfortable. Friday forenoon labor set in, and at noon she was delivered of a six months' fœtus, which had been dead for several days.

I should state that all examinations previous to Friday disclosed only very slight dilatation of the os.

Patient made a good recovery, and at present time *appears* very well; but the urine still contains albumen in small quantity.

Six weeks after delivery menstrual flow set in, and continued very profuse for ten days. This was checked at the end of that time by *Nux Moschata*.

Remedies have been given for the albuminuria for most of the time since confinement, principally *Cantharis* and *Arsenic;* but there has been no perceptible benefit from anything, so far.

The urine shows no improvement, upon examination, since three weeks after the convulsions.

The action of the *Chloral seemed* very plainly beneficial, and that, too, very quickly. I should feel encouraged to try it in another case, as the continued action of the drug makes its administration easy for the nurse; while *Chloroform* needs a skilled attendant, and even then one can't always prevent the convulsion, which the premonitory symptoms have shown to be imminent.

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Evidently, many convulsions were stopped in this case by *Chloroform;* but at the time the *Chloral* was given the patient was rapidly growing worse, in spite of it. The *Chloral* was given by the mouth; but the patient could not swallow, and the liquid was forced down by pressing down the larynx. It would be much preferable to give it by the rectum in such cases.

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H. L. CHASE, M.D. . CAMBRIDGEPORT. | J. W. CLAPP, M.D. . . . BOSTON.
E. P. COLBY, M.D. . . . . WAKEFIELD.

Diseases of Children.

CHAS. STURTEVANT, M.D., HYDE PARK. | R. E. JAMESON, M. D. . JAMAICA PLAIN.
JAS. UTLEY, M D. . . . . NEWTON.

Climatology.

E. U. JONES, M.D. . . . TAUNTON. | W. B. CHAMBERLAIN, M.D, WORC'ST'R.
L. MACFARLAND, M.D. . . . . SPRINGFIELD.

Gynæcology.

H. K. BENNETT, M.D. . . FITCHBURG. | H. A. HOUGHTON, M.D., CHARLESTOWN.
L. A. PHILLIPS, M.D. . . . . BOSTON.

Ophthalmology and Otology.

F. W. PAYNE, M.D. . . . BOSTON. | JOHN H. PAYNE, M.D. . . BOSTON.
IRA B. CUSHING, M.D. . . . . BROOKLINE.

Zymotic Diseases.

A. J. FRENCH, M.D . . . LAWRENCE. | H. C. AHLBORN, M.D. . . BOSTON.
S. A. SYLVESTER, M.D. . . . . NEWTON CENTRE.

Auditor.

J. T. HARRIS, M.D. . . . . BOSTON.

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PROCEEDINGS

OF THE

SEMI-ANNUAL MEETING,

OCTOBER 13, 1880.

THE Semi-Annual Meeting of the Society was held in Union Hall, 18 Boylston Street, Boston, Wednesday, October 13, 1880.

MORNING SESSION.

The Society was called to order at 10.30 A.M., by the President, W. H. LOUGEE, M.D., of Lawrence.

The records of the annual meeting were read and approved; the records of the April and July meetings of the Executive Committee were likewise read and approved.

There being no ballot-box in the hall, balloting for candidates was postponed until later.

REPORT OF COMMITTEE ON MATERIA MEDICA.

J. HEBER SMITH, M.D., of Melrose, Chairman of the Committee made some very interesting remarks on the Gall of the Rattlesnake, a substance with which provings had been made by students in the Boston University School of Medicine, under his direction. Dr. SMITH remarked that in places where rattlesnakes abound, the natives always have some of the gall, mixed with rum or alcohol, on hand, to be used as an antidote to the bite of these venomous reptiles, and

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that several physicians bore testimony to the efficacy of the remedy. In preparing for his provings, he obtained a female rattlesnake, and, after careful dissection, extracted the gall-bladder. He made a tincture of the gall and carried it up to the second decimal dilution; this preparation was used by the provers.

All of the provers very soon complained of a suffocative feeling behind the sternum, in the region of the base of the heart, and also of a dull persistent pain over the sacrum; in one or two, there was headache starting from the right side and extending over the head; other pains were referred to the right side as a starting-point; with the exception of the right-sided characteristic, the symptoms closely resembled those of Lachesis. One prover, a lady, carried the proving so far that she was obliged to give up her work at the School and put herself under treatment; in her case, there was every evidence of severe blood-poisoning. This lady had always been regular in menstruation, but while taking the drug the menses were too early, blood darker than usual, and the discharge continued a day longer; her menstruation had always been accompanied by a severe left-sided headache; this time, however, there was no headache.

From an analysis of the different symptoms, Dr. SMITH concludes that the substance affects the circulatory system, especially the heart, and the spine, producing congestion which leads to paralysis.

The drug had been tried with excellent success in several cases of malignant Diphtheria, by himself and one other physician. Dr. SMITH reported a case of nervous headache cured by the remedy.

The doctor promised to continue his investigations and report at a future meeting.

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Dr. N. W. RAND of Monson, another member of the Committee, read an interesting paper on *Tartar Emetic: Seven Cases of Poisoning.* (XVII.)

BALLOTING FOR CANDIDATES.

The following candidates, approved by the Censors and recommended by the Executive Committee, were elected to membership:

J. E. BLAISDELL, A.M., M.D., Chelsea; FRANK B. CLOCK, M.D., Boston; HARRIET H. COBB, M.D., Cambridgeport; JOHN L. COFFIN, M.D., West Medford; JANE K. CULVER, M.D., Boston; Frank S. DAVIS, M.D., Quincy; EDGAR E. DEAN, M.D., Brockton; FRANK A. HALE, M.D., Newburyport; MARY B. HARRIS, M.D., Andover; STEPHEN W. HOPKINS, M.D., Lynn; ROBERT L. LANE, M.D., Somerville; FREELAND D. LESLIE, M.D., Canton; HORACE PACKARD, M.D., Boston; CHARLOTTE E. PAGE, M.D., Lowell; LOU B. PARKHURST, M.D., Northampton; N. R. PERKINS, M.D., Winchendon; GEO. PORTER, M.D., Webster; W. E. RICHARDS, M.D., Boston; FRANK C. RICHARDSON, M.D., East Boston; F. D. STACKPOLE, M.D., Boston; JOHN P. SUTHERLAND, M.D., Concord; DAVID W. VANDER BURGH, M.D., Fall River; CHAS. L. WOODS, M.D., Lowell.

On motion of Dr. A. J. FRENCH of Lawrence, it was voted that each Bureau should be limited to thirty minutes, unless the time were extended by unanimous vote.

REPORT OF COMMITTEE ON SURGERY.

The following papers were presented: —

1. Suppuration of Mastoid Cells, J. A. CARMICHAEL, M.D., Worcester. (XVIII.)

2. Necrosis, with Calcification of the Arteries. J. K. WARREN, M.D., Palmer. (XIX.)

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3. Abscess of Dura Mater. J. K. WARREN, M.D. (XX.)

4. Hare-Lip. J. K. WARREN, M.D.

5. Malignant Tumor of Breast. W. L. JACKSON, M.D., Boston. (XXI.)

6. Lumbo-Colotomy. JAS. UTLEY, M.D., Newton. (XXII.)

Committee on Pharmacy made no report.

RECEPTION OF DELEGATES.

E. HASBROUCK, M.D., of Brooklyn, N. Y., Vice-President of the New York State Society was present as delegate from that Society.

LEILA S. BEDELL, M.D., of Chicago, was present as a delegate from the Illinois State Society, but did not arrive in time to receive a formal introduction to the Society.

At 1.30 P.M., the Society adjourned for lunch.

AFTERNOON SESSION.

The Society was called to order at 2.20 P.M. by the President.

As both Orator and Substitute had declined to serve, the Society was not favored with an oration.

On motion of Dr. A. J. FRENCH of Lawrence, it was voted to authorize the Committee of Arrangements to procure the Meionaon for the Annual Meeting of the Society in April, 1881, with a view to making an arrangement to take that hall for a term of years, provided the acoustic properties were satisfactory.

On motion of Dr. H. C. CLAPP, it was voted that THOS. A. CAPEN, M.D., of Fall River be reinstated in the Society.

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REPORT OF COMMITTEE ON OPHTHALMOLOGY AND OTOLOGY.

The following papers were presented by the Chairman, F. W. PAYNE, M.D., Boston: —

1. Otorrhœa of Children. JOHN H. PAYNE, M.D., Boston. (XXIII.)

2. Foreign Bodies in the Ear. FRED. W. PAYNE, M.D. Boston. (XXIV.)

In the discussion which followed, Dr. WOODVINE asked if the natural secretion of the ear is not deadly to animal life.

Dr. PAYNE said, he did not know how long an animal would retain life, but thought it would live long enough to do a great deal of mischief.

Dr. CHAMBERLAIN said, that the cerumen often gets so dry that a whole drove of animals, as he expressed it, might live in the ear. As to the removal of foreign bodies, such as peas and beans, he had read of using a syringe, by placing the nozzle against the substance and pulling out the piston so as to remove it by suction.

REPORT OF COMMITTEE ON ZYMOTIC DISEASES.

The following papers were presented: —

1. Malarious Poison, or Noxious Exhalations. A. J. FRENCH, M.D., Lawrence, Chairman of the Committee. (XXV.)

2. Cases of Diphtheria. D. G. WOODVINE, M.D., Boston. (XXVI.)

DISCUSSION.

Dr. E. P. SCALES had been told that several cases of Diphtheria occurred in Newton from drinking well-water; had no personal knowledge of the matter.

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Dr. BENNETT reported, that several cases in his vicinity had been traced to exhalations arising from the Nashua River, which had been very low this season.

Dr. J. H. SHERMAN reported a case of Diphtheria where there was a dark deposit on the tonsils, which he usually considers a sign of a fatal case. This case progressed well, exudate disappeared, and there seemed evidence of speedy recovery; but general paralysis supervened, accompanied with blindness, deafness, dropsy, heart complications, intermittent pulse, suppression of urine, and such a train of symptoms that life was despaired of. Gave *Apis* and *Digitalis;* Dr. DE GERSDOFF was called in consultation, but gave no hope and suggested no change in treatment. The patient, however, gradually improved and finally recovered entirely.

REPORT OF COMMITTEE ON GYNÆCOLOGY.

The following papers were presented: —

1. Influence of Uterine Disease on the General Health. H. K. BENNETT, M.D., Fitchburg. (XXVII.)

2. Membranous Dysmenorrhœa. L. A. PHILLIPS, M.D., Boston. (XXVIII.)

Dr. PHILLIPS exhibited a dysmenorrhœal membrane, which was an almost complete cast of the uterine cavity.

DISCUSSION.

Dr. J. H. SHERMAN asked how a case of membranous dysmenorrhœa can be diagnosed from that dependent on other causes.

Dr. PHILLIPS replied, that it could be done only by a careful inspection of the discharge.

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Dr. FRENCH asked Dr. PHILLIPS if he had ever cured a case; if, for instance, a year had elapsed without a recurrence of the membrane.

Dr. PHILLIPS answered, that he had not yet had sufficient experience. The cases had been treated within a year; there had been no recurrence for several months.

AMENDMENTS.

The following amendments were offered: by Dr. H. L. CHASE, "Add to Art. XV., the words 'Five negative ballots shall reject a candidate.'" By Dr. E. U. JONES, "Insert in Art. XXV., after the words 'Every member of the Society,' the words, 'The Recording Secretary and Treasurer excepted.'"

Referred to Drs. H. L. CHASE, E. U. JONES, and H. C. CLAPP, as a Committee.

REPORTS OF SOCIETIES.

Dr. N. R. MORSE reported that the Essex County Society was still alive and flourishing.

Dr. E. P. SCALES gave a like encouraging report of the Middlesex South. One member, Dr. H. H. Cushing, had died during the year.

The other Societies made no report.

Adjourned at 4.15 P.M.

HERBERT A. CHASE,
Recording Secretary.

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XVII.

TARTAR EMETIC.—SEVEN CASES OF POISONING.

THIS unrecorded antimonial poisoning occurred in Woodstock, Conn., Aug. 8, 1873. The sufferers were the five children of Mrs. P——, four young ladies aged twenty-three, twenty-two, twenty, and seventeen respectively, and a lad of twelve, together with two painters—the one sixty and the other twenty-five.

They had been accustomed to use, during the hot weather, a cooling beverage composed of *Tartaric Acid* and sweetened water. On this occasion, being about to prepare a supply, it was found that they had not enough of the acid; so they sent to the druggists for another ounce. He being absent, his clerk was in attendance; and, misunderstanding the order, an ounce of *Tartar Emetic* was put up instead of the *Tartaric Acid* called for.

In preparing the drink, they had used what acid they had and awaited the arrival of more to make it stronger and better. The usual quantity was added; but, upon tasting, it was found yet to be insipid; therefore, more was added, also a little essence of lemon. Of the beverage thus prepared they all partook, the young ladies drinking about one glass each, while the men and boy drank between two and three glasses apiece, all pronouncing it good. In about twenty minutes Master E—— began to complain of pain in his stomach. Nausea soon followed and, fortunate for him, he vomited as heartily as he had drank. Miss C——, supposing that her nausea was occasioned by seeing her brother's procedures, drank again of the poisonous mixture, hoping to get relief. She soon began to vomit, then one and another until all were prostrated, vomiting and purging constantly. At this juncture Dr. Geo. A. Bowen was summoned, to whom I am largely indebted for an account of

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all the early symptoms; as the patients were under his care for several weeks. From his kind communication in reply to my inquires I quote as follows: —

"I was called between three and four in the afternoon. When I reached there, I found them all vomiting and more or less affected with cramps in the legs, arms, and hands, and occasional convulsions; the young ladies especially so. They were seized with severe convulsions every fifteen or twenty minutes, requiring the united strength of three men to hold each one. Each spasm seemed to be produced by vomiting and commenced by the cramping of the thumbs and great toes. This was very characteristic in all the cases.

I treated them all alike, giving *Tannin* with the idea that if any of the antimony remained in the stomach, it would unite with it and form the tannate of antimony which is inert. I also gave each one repeated doses of *Codeia*. It was one o'clock at night before I succeeded in producing sleep and stilling the spasms. Even then, the slightest noise would arouse them, and a spasm would be the result. Saw them early the next morning and continued the *Codeia*, but in smaller doses. Was called again in great haste toward night to see the young ladies. The effects of the *Codeia* had passed away somewhat and they were again in violent spasms.

I increased the dose, and at two Saturday morning, left them comparatively quiet. Dr. Chamberlain, of Southbridge, was called in consultation, and suggested *Morphine* in the place of the *Codeia*, as he thought it stronger. For several days, they were kept under its influence; whenever it was relaxed the spasms appeared. Rubbing, hot applications, etc., were freely employed. As soon as the mistake was discovered, the remainder of the purchase of tartrate of antimony was thrown away; so that I could not ascertain how strong a dose was given. They did not all partake alike, but each got a mighty strong potion. The painters were soon out; one went to his work the next day, but felt 'awfully queer;' the other, the Monday following. The young ladies were under treatment about a month."

The above statements I have verified and supplemented by personal inquiries of the surviving members of the family. All felt the intense pain in the stomach first, then the nausea and vomiting, then the cramps; and *these were*

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terrible; especially of the muscles of the back. It amounted to genuine opisthotonos. The mother said, "They actually stood upon their heels and heads." The evacuations from the bowels were preceded by intense pain in the umbilical region, which seemed to be relieved by pressure. They would ask their attendants to "bear on hard, the harder the better;" and one of the daughters begged of her mother to "sit down" on her abdomen. The movements were at first thin and copious, and of dark color. They soon became intermixed with bloody mucus, which grew worse in appearance, until at last they consisted of nearly pure fresh blood. The matter vomited, in like manner soon became bloody in most of the cases. Their faces were deathly pale, and covered with cold perspiration. Hands and feet were cold. In a short time all were covered to a greater or less extent with a vesicular eruption; the ladies especially. It appeared mostly on the stomach, arms, and face, although scattered more or less over the whole body. Little blisters would arise, filled with clear serum, which gradually became turbid until the vesicles were converted into pustules. These would break, and scabs immediately form, while the exudation would excoriate and poison all the surrounding tissues. All had terrible pains in their eyes, and pressure was the only thing that would afford relief. Some of them pressed their eyes well-nigh out of their sockets the pain was so severe. All were cross-eyed.

So much for the symptoms in general, and now let us take a look at them individually.

Miss A——, the oldest daughter, suffered the least of the ladies. She had no symptom but what was common to all, except that the menses appeared at once and she flowed profusely for two or three days. This was ten days before time and she had always been regular. Menses did not appear again for eight weeks, and with each of her sisters they were delayed for about the same length of time. No special symptoms have developed since, except that she has never regained her former strength.

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Miss B——, the second daughter, was not so fortunate. She never seemed to rally from the toxic effects which had taken such strong hold of her system. The diarrhœa was persistent. She never overcame it. Stools were usually thin and watery, of a yellowish-brown color, often intermixed with mucus, always manifested a pyæmic condition; abscesses would continually form in various parts of her body and discharge an ichorous pus. She was always troubled with her throat and mouth. Patches of erythematous inflammation on the fauces or palate, or in the sublingual region. At times had attacks of suffocation which seemed asthmatic. Would have to sit up and be fanned for minutes, in order to breathe. Had terrible attacks of distress in her head, which *Chloral* invariably aggravated.

With her, as with all, the eyes were affected with internal strabismus for the time. This she recovered from, but was never able to raise the right eyelid but partially, and ever after was troubled with myopia. Was always troubled with cold hands and feet. Was under several different physicians' treatment, and all pronounced it "Liver Complaint." Some said the liver was enlarged, one diagnosed "hepatic induration." I was called to see her March 2, 1879. Found her very pale and feeble. Her throat was giving her much trouble; a sense of "fulness and soreness" was what she complained of. Was also troubled with dyspepsia and symptoms of general debility. In a short time she began to suffer with chills, and abscesses gathered in her throat one after another. When the first one ruptured, she came nigh strangulation, and was so prostrated that she took her bed, from which she never arose. Everything she ate caused great distress in her stomach, and the terrible chills which supervened from time to time, always proved to be the precursors of large internal abscesses, after the rupture of which she would feel relieved. During this time she suffered from spasms at times, and her mother pronounced them the same as those which occured at the poisoning, only less severe. She had a peculiar cough,— not dry nor

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tight, but always accompanied with a choking sensation and inability to expectorate freely; but in the course of the twenty-four hours she usually raised about half a pint of viscid, light-colored, frothy sputa. She gradually failed under the train of symptoms enumerated, until May 5, when death closed the scene.

Dr. O. W. Roberts of Ware, Mass., assisted me in the autopsy. We found the lungs thickly studded with miliary tubercles, about the size of mustard-seeds, or a little larger; some of the largest had degenerated into heavy pus. Such little abscesses were found scattered all through the lungs. A pustular inflammation extended over all the mucous lining of the trachea and bronchial tubes. The stomach showed intense vascularity. The cicatrices of ulcers were manifest, and one ulcer was discovered about the size of a half-dime, which had eaten nearly through the muscular coats. The intestines revealed more of the same condition: ulceration, pustular inflammation, enlargement of the mesenteric glands, and a tuberculous deposit. The heart, liver, spleen, and pancreas were nearly normal. A large rectovaginal fistula, which undoubtedly was the result of a pelvic abscess she had had some months previous, was discovered, and ulcers and half-grown abscesses were found about the vagina and rectum.

Miss C ——, the next younger daughter, was in ill health at the time of the poisoning. Had suffered for some time with nervous trouble. She vomited as freely as any, and suffered the most with the cramps. The external rectus, and levator palpebræ superioris muscles of the right side were permanently paralyzed. Until October she was unable to raise the right lid at all, and then but slightly. This condition, with the strabismus, continued with slight intermissions during life. Another peculiarity was that, as long as she lived, she suffered with presbyopia of the left eye, and myopia of the right; so that instinctively she always closed the right eye when she wished to view distant objects, and the left to inspect anything near at hand. She had the

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sorest mouth and throat of all. Immediately after the poisoning, an abscess gathered in the right side of the throat as large as a hen's egg, giving great pain and causing extreme dysphagia. It broke on the eighth day with a report that was heard in an adjoining room. All her symptoms corresponded very nearly with her oldest sister's, except that they were more intense; and the mental symptoms, which in the sister's case were insignificant, with her were exceedingly troublesome for ten or twelve days. At one time she got up and pulled all the bed-clothes off, insisting upon it that she saw snakes in the bed. At another time, she rushed from her room, declaring that a woodchuck was after her; and, in reply to their remonstrances, she, pointing eagerly at the bare floor would exclaim, "There he is, don't you see him?" Still again she could not be convinced but that a squirrel was gnawing her toes off. Every day as the doctor came, she would inquire if he had brought her head back. She didn't like the one she had, it was too big — came clear down over her shoulders — and there was a hole in the back side where every thing she attempted to eat would slip out before she had time to swallow it, and if any one smiled she would put to them the indignant interrogation, "*Don't you see it?*" It was just a week before she would acknowledge that she had got her head back. I could learn nothing farther of special interest in regard to her case, except that her health improved and she was married, until she moved to Monson and placed herself in the care of Dr. J. K. Warren of Palmer. In regard to her case he says: —

"I was called to see Mrs. P—— Feb. 2, 1876, and found the case to be one of well-marked phthisis, with its usual symptoms, such as general debility, night sweats, loss of appetite, cough, expectoration, etc. I learned that three years previous she had been poisoned by taking *Tartar Emetic* by mistake, and that the cough had troubled her most of the time since. There had also appeared at the time of poisoning a pustulous eruption, which was scattered

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nearly all over the body and which still was apparent. New sores were constantly coming; they would fill, discharge, scab over, and then heal up; very much as variola. She continued steadily to fail, and died on the 10th of June."

Miss D——, the youngest of the sisters, shared the common lot, but suffered less severely than either of the two last mentioned. She, too, was troubled for several days with delirium, but of a milder type. She complained of seeing strange men in the room, and on being questioned in regard to them, replied, she "would care nothing about them *only they all walked on their heads.*"

She was the only one who saw objects inverted. Another peculiarity was that her spasms began in muscles of the jaws. She suffered much pain in the eyes at the time, and has been near-sighted ever since, although her eyes were perfect before.

Bloating of the abdomen, cold hands and feet, diarrhœa, with large, light-colored, fecal stools, or at times mixed with bloody mucus, and accompanied by tenesmus and a dry cough, are among the symptoms she still manifests.

On the 5th of May, 1879, owing to the grief, excitement, and fatigue arising from her sisters' sickness and death, she was taken sick. All her old troubles were there to be encountered, and, in spite of the best *I* was able to do, she lost ground until, ere long, she was unable to leave her bed. The bowels moved from four to eight times a day, stools varying, but usually mixed with mucus or pus. They were very much larger motions than any one would think possible, considering their number. Temperature remained about normal. Face was usually flushed, but *feet always cold.* She always complained of a dull pain in the clavicles; respirations from thirty to forty a minute, and pulse about 100°. Appetite good; beefsteak suited her best of anything. She had a perpetual headache, and complained often of her shoulders aching also. A dark, eruptive inflammation covered her mouth and throat most of the time, which, to my mind, was indicative of the condition of the bowels.

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Drs. Shaw and Warren were called at different times in consultation, and both agreed that her condition was, undoubtedly, the result of the poisoning.

In November she began to improve; and since that time has developed no new symptoms, although she still suffers from the old ones more or less.

The lad, E——, escaped the best of all; although he came near dying at the time. Being missed soon after the poisoning, search was made for him, and he was found in an out-door privy, apparently lifeless. No action of the heart; no respiration; extremities cold. Stimulating applications revived him. He vomited no more, and suffered less from cramps than any other. He retired at four o'clock P.M., Saturday, and slept till eight the following morning, when he awoke feeling well; for a few days he cramped slightly at times, but since then has been well.

Mr. H——, the older painter, suffered terribly during the first night with the common symptoms. He, too, was delirious, but less so than either of the ladies mentioned. As before mentioned, he was soon out, and the next I can hear from him is from Dr. G. F. Forbes, of West Brookfield, who attended him in his last sickness. The doctor says of him, "He was never well after the poisoning. I treated him for about a year before he died, which was in May, 1876. He had Liver and Kidney troubles, and Dyspepsia, followed by Bright's Disease, and Tuberculous Consumption, with Disease of the Heart!" I'll not ask you to believe that *Tartar Emetic* was the SOLE cause of death.

Mr. F——, the younger painter, recovered rapidly for a time, but in about twenty days had a relapse and return of all the symptoms. His greatest pains were in his eyes. All I can learn of him is that, within a year, he was taken with Scarlatina and died.

These are all the important facts that I have been able to glean from reliable sources concerning these cases. And now what lessons do they teach? What new facts establish? What old ones confirm?

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It seems to me that the sphere of the action of *Tartar Emetic* is not fully appreciated. What could be more striking than its homœopathicity to Cramps, Diarrhœa, Dysentery, Strabismus, Myopia, and even Delirium? Yet it is very seldom employed for these diseases. Indeed, I find more evidence in the Old School literature of its adaptation to the above-named complaints than in the New.

Dr. Ringer says: "*Tartar Emetic* in small hourly doses is very useful in the Acute Catarrh of children, sometimes accompanied by vomiting and Diarrhœa, probably due to catarrh of the intestines. The *Tartar Emetic* generally *quickly stays* the *vomiting and diarrhœa*, but often takes a longer time to control the Bronchitis."

Again he says: "Graves employed *Antimony* in Typhus and other fevers when there is much excitement and furious delirium, symptoms which are generally subdued by the action of this drug."

Again: "In furious delirium *Tartar Emetic* must be given in full and *Opium* in small quantities. While, if wakefulness predominates with not very boisterous delirium, the dose of *Tartar Emetic* must be reduced and the *Opium* increased."

Again: "The mania and sleeplessness of Delirium Tremens, as well as the delirium which usually sets in about the ninth or tenth day of Typhus, generally gives way to ¼ to ½ a gr. of the salt every hour or two hours." "Puerperal mania may be treated in the same way."

Speaking of its use in Asthmatic attacks, he says: "The best way to administer this salt is to dissolve a grain in half a pint of water, and give a teaspoonful of the solution every quarter of an hour for the first hour, afterwards hourly. If the wheezing comes on at night, it is sufficient to give the medicine at this time only. The good effects become speedily evident. . . . So small a dose it may be thought must be inefficacious; but when first given it generally produces vomiting, and, in that case, the dose must be still smaller."

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Here we have Ringer's recommendation for it in Catarrh of the Intestines, various forms of Delirium, and Asthmatic Spasms; three conditions in which it is not commonly used in our school, and which were clearly developed in these cases of poisoning.

I have no time to discuss the *modus operandi* of *Antimonium Tartaricum* upon the healthy system to produce its pathological lesions and concomitant symptoms. Dr. Richard Hughes' conclusions are very satisfactory, and I think these instances of Myopia, Ophthalmalgia, Gastralgia, and Enteralgia go to confirm his conclusion, that the great sympathetic is profoundly affected; while the cramps and strabismus point unmistakably to its action on the great nerve centres at the base of the brain, and the anterior columns of the spinal cord.

XVIII.

SUPPURATION OF THE MASTOID CELLS.

J. H. CARMICHAEL, M.D., WORCESTER.

Mrs. G——, of North Sandwich, N. H., presented herself June 16, 1879, for my examination, and, if I gave a favorable prognosis, to have me treat her. Age 39. History: Healthy in every respect up to October, 1878, when I rode ten or twelve miles in a cold storm which beat upon the left side of my face and head. The next day I commenced to have pain in my head, with a ringing in my left ear. Hot applications were applied, including hops, and various domestic remedies used, but with no relief. We called our family physician, who thought I was suffering from neuralgia; he gave me some remedy that quieted me for a time, but the pain returned, and was so severe that I became insensible, and was in a raging delirium fourteen days. At about this time

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my ear commenced to discharge, and, although the pain was not as severe, it was constant.

In about ten days the discharge disappeared and the pain grew worse, and I was only kept quiet by *Chloral* until it opened again.

From that time to this it has been a constant repetition, the discharge ceasing and the pain growing worse, and again breaking open when I am again some relieved. I have had a number of physicians, and they all say I have a dead bone in my ear, and that it will have to be removed before I can get well.

About two months ago I commenced to cough, and I now sweat very badly at night. Have a chilly sensation frequently. I was sent to this city by my physician to consult Dr. B——, who is a great surgeon. He told me that, if he did not help me in three weeks, he could not at all. No operation can be performed. My sister wished me to see you. My menses have not appeared for two months. The patient has a cachectic look. Head is drawn to the left. There is considerable swelling just back of the ear, with some redness; deaf in the diseased ear. Pus removed from the ear shows under the microscope pus cells, and so-called myeloid cells. She has a hacking cough. Apex of right lung dull upon percussion, with slight mucous rales. Pulse 110, temp. 101° Fahr. Patient had to cease speaking and rest a number of times while giving history. Diagnosis was disease of the mastoid cells, with complicated lung; and patient so reduced the prognosis was rather doubtful; but, as she has not been under Homœopathic treatment, I will undertake the case if she will not expect too much and too rapid progress. Prescribed *Hepar Sulph.* 3^{x}, a powder every four hours, and *Calc. Carb.* 30, morn and eve. Flaxseed poultice over swelling.

June 24.—About the same; night sweats some better. Cough loose. Not much discharge from the ear to-day, and consequently the pain is worse. Pulse 96, temp. 100° Fahr. Continued the same remedies.

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July 2.— Considerable pain the last few days, with increased swelling back of the ear. Cough and sweating the same. Pulse 104. Temperature 101° Fahr. Prescribed *Comp. Syr.* of *Hypophos.*, McArthur's, and *Hepar Sulph.*, continuing poultice.

July 23.—Abcess opened again on the 4th, but is again refilling, the same as usual. Continue same treatment.

July 25.— After etherizing the patient I made an incision about one inch posterior to the ear, down to the bone, which I drilled in to the sinus. Nearly a table-spoonful of pus escaped through the new opening. A weak solution of *Carbolic Acid* in hot water was injected, which escaped through the Eustachian tube into the throat, and also at the external ear. It was thoroughly washed out until the water returned clear. A tent was introduced into the wound and the poultice over it all. Every three or four days I removed the tent and washed out the cavity. "To make a long story short," the *Hypophosphites* were continued, with *Hepar Sulph.*, *Nitric Acid*, and finally *Silica* 3^{x} and 30, through August and to September 25, and the sinus was well and carefully cleansed; but still the suppuration continued. My patient was much improved in health, suffered very little pain, cough entirely ceased; menses had returned twice, the last time normal; and everything was doing finely except the cells.

Sept. 25.—I prepared a solution of *Sulphurous Acid*, one part to four of water, and thoroughly washed out the cavity.

Sept. 30.—For a day or two after using the *Sulphurous Acid*, the suppuration was more profuse; but it then nearly ceased, and to-day scarcely any pus is visible. I again washed out the cavity with the same solution. No pus of any account, and the cavity seems not to be as large.

Oct. 4.— No pus, no pain; ordered the poultice removed, also the tent, and the external wound was allowed to close. A letter from the lady, Oct. 2, 1880, says that she continues well, and that the sense of hearing is nearly perfect in that

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ear. I think the *Sulphurous Acid* finished the cure in the case, which of course was well under way. Since then I have used the *Sulphurous Acid* in two cases of palmar abscess with excellent success. After the first injection, the suppuration becomes more profuse for the next twenty-four or forty-eight hours, when it gradually ceases and stops entirely.

XIX.

NECROSIS, WITH CALCIFICATION OF THE ARTERIES.

J. K. WARREN, M.D., PALMER.

SOME three years since, Mr. B—— sustained a fracture of the leg, at a point about four inches from the ankle-joint, which, although it united readily, continued to be sensitive, and at times painful, until a little more than a year ago when it opened into a sore, and continued to discharge until the time that I saw it, April 13. At this time I found the bone badly necrosed from the point of the fracture to the ankle; the ankle and foot also were badly swollen and quite sensitive. I removed all of the fibula from below the point of fracture (about four inches), leaving only the periosteum. I also removed the tibia, leaving in addition to the periosteum a thin plate of bone upon the internal surface, which was sound; we applied splints to keep the limb in position and used ordinary dressing. In six weeks from the time of operation, May 25, the fibula had entirely re-formed, and the tibia nearly so, there being a point of about an inch and a fourth in length and one fourth of an inch in depth which had not filled up; but the bones of the tarsus and metatarsus had been attached by acute osteitis, and involved to such an extent that amputation was deemed advisable. I therefore amputated midway between the ankle and knee, the knife conveying to the hand as it passed through the flesh a gritty

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sensation; and, upon examination, we found all of the smaller arteries entirely occluded by a calcareous deposit, the two tibial and the peroneal arteries being so friable that it was with great difficulty that we succeeded in securing the ligatures; nature also presented a curious freak at this point, in the way of an arterial channel about the size of the anterior tibial artery through the most dense part of the tibia; and as the channel was not lined with any sort of membrane, and surrounded only by solid bone, it was not an easy artery to ligate. We succeeded, however, in plugging it with carbolized silk, and I am happy to say that my patient made a good recovery, and remains well at the present time.

XX.

ABSCESS OF THE DURA MATER.

J. K. WARREN, M.D., PALMER.

Dr. MORGAN, aged about 46, had Scarlatina when a child, followed by otorrhœa upon the right side, which continued until 1865–66. In 1870 he fell from a building some twelve or fifteen feet, striking the left side of the head upon a stick of timber, inflicting a large scalp wound; he was taken up unconscious, and remained so for some time. The wound, however, healed readily, and no brain symptoms appeared, until 1876, when he noticed he could not lie on the left side because of a feeling of suffocation and nausea which it produced. On the 16th of July, 1876, commenced to have pain in the right side of the neck, at about the middle and posterior side of the sterno-cleido-mastoid muscle; the pain was very intense; there was also swelling at this point to the size of a hen's egg. The pain continued here for nearly three weeks, when it was transferred to the right frontal region, near the superior-posterior border of the frontal bone. The pain continued at this point for about

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four weeks; then gradually subsided, leaving the mind somewhat clouded. He now began to lose the use of his limbs, and the symptoms of insanity increased until Nov. 5, 1877, when he passed into a comatose condition, which lasted twenty-one days; during which time there was no action of the bowels, and the urine was voided involuntarily; he was at this time confined to his bed four months, from November, 1876, to March, 1877. During all this time had a good deal of pain in right frontal region, and at times was obliged to take *Morphia* in order to sleep.

During the spring he gradually improved, and in May, 1877, resumed practice, calling himself well; although his mind was not always clear, he continued to practice until Nov. 15, when suddenly, without any warning, he dropped down unconscious. This passed off in an hour or two, so that he went about his work again and continued to practice until some time in April, 1878, when he had another attack of falling. He now consulted Prof. Newton of New York, who pronounced it a case of Epilepsy, and applied a battery; but these attacks increased in frequency, and he was again obliged to give up his practice. He continued to have these attacks from April, 1878, to July, 1879. At this time the swelling again commenced in the neck, at the point where the swelling and pain had been some two years previous; but no pain this time. The swelling continued from July to November, when it opened and discharged, relieving all the pain and feeling of pressure about the brain. It continued to discharge until May 28, 1880, at which time the case came under my care.

The pain in the frontal region, and the feeling of fulness and pressure about the brain, had now partially returned.

My diagnosis at this time was mastoid abscess; and, upon laying open the scalp, pus was found oozing from a small opening in the squamous suture, at the posterior-inferior angle of the parietal bone. I enlarged the opening.

The operation again removed the pain and the feeling of fulness and pressure about the brain.

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From this time the case continued to do well until Aug. 8, when suddenly, without any warning, he fell down unconscious, and remained so for an hour or more. The pus had continued to discharge at the point of operation, and also from the old fistulous opening in the neck; but these two openings were not sufficient to relieve the brain pressure. I therefore decided to trephine, and on August 12, assisted by Dr. N. W. Rand, I performed the operation, and upon removing the portion of bone, we found about a teaspoonful of pus lying between the internal surface of the cranium and dura mater, showing the abscess to be intracranial and not in the mastoid cells. The pus had accumulated in the right lateral sinus, making its exit through the mastoid foramen, passing down behind the sterno-cleido-mastoid, and pointing on the side of the neck. This outlet being insufficient, it had extended between the meninges of the brain and the internal surface of the temporal bone to the squamous suture at the point of the first operation. These two openings proving insufficient to relieve the brain of its pressure, the only chance of the patient's life lay in the use of the trephine. He rallied fairly from the shock of the operation, and is now doing well, with a fair prospect of a complete recovery.

One of the first symptoms that appeared in the case, and one which continued during the entire course of the disease, was an excessive sexual excitement. There was a continual desire for sexual intercourse, with increased sensation accompanying the act. This continued until about three months previous to the operation, when all sensation ceased. The desire continued, and the act was completed naturally; but no sensation whatever accompanying it. After the operation the sensation returned; the excitement ceased, and the functions of the sexual organs became normal in all respects. There was also paralysis of the nerves of sensation upon the outside of the left leg, extending from about six inches above and six inches below the knee, which was entirely cured by the operation.

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XXI.

TUMOR OF BREAST (MALIGNANT).

W. L. JACKSON, M.D., BOSTON.

THE patient, a woman aged 49, dark-complexioned, nervous temperament. Family history excellent; no account of any hereditary disease, except that she lost several uncles with Apoplexy, and that her father died at the age of 64 from Phthisis. Has had three children: oldest 26, and youngest 20; nursed last two always with left breast, on account of an abscess in right following first confinement. Has never had any trouble with left breast. Has had Scarlet Fever, and, twenty-six years ago, Pneumonia; since which time has not required the service of a physician, save at her confinements, until last illness. In early life, menstruation was painful; but since birth of children has had no trouble. Last November catamenia became more frequent, occurring every three weeks, in quantity diminished. All flow, however, ceased about the first of this year (February). Digestion good; bowels regular. During last two or three years has thought a good deal about cancers, and during past year has felt sure she would have one, often speaking to her friends about it. Last summer had a cough, which lasted almost continually until time when swelling of breast first appeared. Last fall friends noticed that she was more easily tired; complained at times that left arm was numb, and wanted to have it rubbed. About the first of this year noticed that left breast was swollen slightly. This swelling gradually increased, and pain appeared; she thought it was an abscess, and applied a poultice. When first seen by a physician, March 13, there was swelling of the breast, apparently deep — that is, as if there was something pressing the gland forward: for there was no retraction of the nipple; scarcely any discoloration of skin; good deal of shooting pain through breast, always worse at night; no

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fluctuation until May 1, when there became marked a white swelling, clearly distinguishable from rest of tumor at upper part of breast, and this swelling was distinctly fluctuating. An incision was made, and about half of a pint of clear, straw-colored fluid evacuated. Following this, there was a cessation of pain for some time. The skin soon became discolored of a deep brownish purple. Several other cysts were incised; some yielded a fluid similar to the first, one a quantity of dark blood. May 16 I saw her for the first time, when the tumor was considerably larger than two fists; breast firm feeling, with an indistinct sense of fluctuation, uniformly enlarged; nipple prominent, not retracted (and here I may say that it so remained to the last). Skin dark purple color, with enlarged vessels ramifying on surface; on the lower and inner edge were sprays of enlarged capillaries extending towards sternum. Skin not at all involved, for it moved freely over deeper tissues, but was quite *œdematous*. Whole tumor moved, showing that, whatever the growth was, it did not extend beyond the gland substance itself. Two enlarged glands could be easily detected in axilla. The cough had reappeared, and at the time I saw her was quite severe. There was considerable pain in the breast, "as of a thousand needles darting through it;" also, in chest and left arm. There was marked cachexia; temp. 99.4°, pulse 92. An aspirator needle was thrust into growth; it passed readily and caused but very little pain. From the point where needle was first inserted, it could be turned in all directions without removing it, and reached all parts of the swelling. It seemed, while turning the needle from side to side, as if it were in a large cavity containing inspissated pus, so readily did it move through this pulpy mass. The only result obtained from this exploration was bright, clear blood; and, when the needle once touched the base of the mass, a few drops of pus. A few days later she was seen by another in consultation; appearances were much the same, except that during the short interval the enlarged capillaries at lower and inner border had much increased and extended;

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temp. at this time was 100.6° and pulse 104. Patient was now constantly confined to bed. It was decided that an operation was inexpedient, on account of the feebleness of the patient, the cough, the enlarged glands in axilla, and the increased temperature and pulse; these combined gave but little hope of the patient surviving the shock. In the latter part of June an abscess formed in the under side of breast, and discharged spontaneously about half a teacupful of pus. There was left a large opening discharging an extremely offensive pus. The lips of the opening became everted, enlarged, and assumed the characteristic appearance to which Hey gave the name "*fungus hæmatodes.*" She sank away very rapidly after this, and died Aug. 12, about seven months after she discovered any sign of the growth. During the last month she suffered much less from pain; the greatest discomfort was from the œdema of the legs and abdomen, and from the almost unbearable odor which came from the sloughing surface. There was no œdema of head or upper extremities.

Her physician told me that she derived the greatest benefit from medicine administered homœopathically; those especially useful for the excruciating, sharp, shooting pain were *Thuja* and *Carb Anim.; Ars.* and *Rhus Tox.* also at times gave relief.

XXII.

LUMBO-COLOTOMY.

JAMES UTLEY, M.D., NEWTON, MASS.

THIS operation is indicated to relieve a distended bowel when an otherwise insurmountable obstacle exists in the rectum and sigmoid flexure; to remove or mitigate intense pain caused by the passage of fæcal matter over a cancerous surface, or when the fæces pass into the male bladder through a perforation in the gut, or when fæces pass into the vagina, causing a perpetual incontinence of the same; to relieve

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or cure an otherwise incurable Stricture and Ulcer of the Rectum.

In the year 1710 Littre first performed this operation; he opened the sigmoid flexure in the left iliac region.

In 1776 Pillore, of Rouen, opened the cæcum in the right iliac region. The patient was a sufferer from Carcinoma of the Rectum, and died twenty-eight days after the operation, from inflammation caused by the large quantity of metallic mercury taken to force a movement of the bowels.

Dubois operated in 1773 on a new-born child, for Imperforation of the Anus. The child died the tenth day after the operation. Duret, for the same cause, operated in 1793 on a child two days old; who lived many years after the operation.

In 1797 Finn, of Geneva, opened the transverse colon in the umbilical region, to relieve a woman, aged sixty-three years, who was suffering from Constipation caused by Schirrhus of the Rectum. She lived nearly four months after the operation.

Very little attention was given to this operation, until the year 1839, when Amussat, a French surgeon, published a treatise on "The Possibility of Establishing an Artificial Anus in the Lumbar Region." The fact is disputed, but generally believed, that he performed the operation of Lumbo-Colotomy upon Broussais, whom he was treating for Cancer of the Rectum.

Of all the operations proposed, that of Amussat is considered the best, and the one I propose to describe in this paper.

April 30, 1879, I was called to attend George B. Ullman, twenty-seven years of age, by trade a printer. He was suffering from discharges from the rectum of a muco-purulent matter, streaked with blood, with great tenesmus; and had been treated for some time by a brother physician, but without relief, for the discharge, which resembled a chronic Dysentery.

The appearance of the patient led me to suspect that the

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disease was not dysenteric, and an examination disclosed the following condition :—

At a very short distance from the anus, the anterior wall of the rectum was indurated and ulcerated, with irregular nodules. The diameter of the indurated mass was about three and a half inches ; not particularly painful to the touch.

The internal sphincter was involved in the sore ; but the external one was normal in its condition.

My diagnosis was Carcinoma. I could give but poor encouragement to my patient, as the disease had already progressed too far to permit of excision.

This diagnosis and prognosis was confirmed by surgeons at the Massachusetts General Hospital, and by several other surgeons of good reputation who were consulted by the patient, anxious as he was for his life.

April 29, 1880, one year after I first saw him, the patient was in the following described condition : Confined to his bed ; bowels distended with gas and fæces, neither of which could escape, as the tumor totally obstructed the rectum ; urine passed a few drops at a time, and with great difficulty ; very restless ; pulse quick and weak ;—in fact, every symptom of approaching Peritonitis. Taking seven grains of *Morphine* a day, which failed to relieve, so that he was constantly praying for death to relieve his intense sufferings. Powerful cathartics had failed to move his bowels for more than three weeks.

To afford relief and prolong life, with the assistance of Drs. J. W. Hayward and F. E. Crockett I proceeded to perform Lumbo-Colotomy.

The patient was placed on a hard couch in a prone position, nearly turned upon his right side. Standing in front of the patient, a line was drawn four and a half inches long, half-way between the last rib and the crest of the ilium, The centre of this line corresponded with a spot half an inch posterior to the centre of the crest. The incision was then commenced at the point near the spine, and carried forward and downward, taking care to keep the incision of the same

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length all through the operation, as all the room one can get is required.

The skin and subcutaneous cellular tissue were divided. The latissimus dorsi, external oblique, internal oblique, and transversalis muscles severally exposed and divided, layer by layer, upon the grooved director, also the transversalis fascia and a few of the anterior fibres of the quadratus lumborum, when the descending colon appeared projecting into the wound. This was known and distinguished from the small intestine by its green appearance and longitudinal bands of muscles.

A needle armed with a heavy ligature was then thrust through, and the intestine drawn forward. It was then stitched by six silk sutures to the edges of the external wound, the wound closed with the same kind of sutures, and then the bowel opened, when there immediately escaped an enormous quantity of gas and fæces.

As soon as the discharge of fæces would permit, absorbent cotton saturated in carbolized oil was placed over the wound, the wound bandaged, the patient placed in bed and given *Aconite.*

The operation, commenced at 1, was completed at 3 P.M.

Half an hour after the operation, the pulse was 70; but there was vomiting, probably caused by the effects of the *Ether.* At 6 P.M. the pulse was 124, with continued vomiting; but the patient was bright, cheerful, and free from pain; the discharge from the bowels was immense. He asked for *Morphine;* but I would not give it, as he bore the operation well, was in no pain, and it was my desire to break him from his confirmed *Opium* habit. April 30, at 9 A.M., the pulse was 114, temperature 99, passed a good night, tongue clean, the bowels still discharging profusely. I drew his water and continued the *Aconite.* At 7 P.M. the pulse was 94, temperature 99, tongue clean; drew his water, which was normal in color and quantity; his bowels had not moved since 9 A.M.; some gas in the intestines. *Aconite* continued.

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May 1, at 9 A.M., pulse 102, temperature 99, tongue clean, passed a good night, and with a flexible catheter was able to draw his water himself. His bowels had moved several times during the past fifteen hours. He had asked for *Morphine*, and it was refused; but, while left alone, got out of bed, walked across the room and helped himself to it, as a bottle had carelessly been left on the dressing-case. The wound looks well, and is not much inflamed. At 6 P.M. restless, pulse 110, temperature 99½; gave ½ grain of *Morphine.*

May 2, at 9 A.M., pulse 112, temperature 99, had passed a comfortable night; no pain, tongue clean, bowels moved but once during the night, no inflammation about the wound, and everything looks favorable. At 6 P.M. pulse 112, temperature 99, had passed a comfortable day, tongue clean, bowels had moved twice since morning. Gave ¼ grain of *Morphine.*

May 4, I removed two of the stitches, and the next day, the remainder, supporting the wound with adhesive straps. The wound united by first intention, with the exception of about half an inch; this, however, healed by granulation, so that May 17, eighteen days after the operation, the wound was perfectly healed.

I will not give the detailed account of the pulse and temperature; but at no time after the operation did the temperature rise above 99½, nor was the pulse above 124, and the latter only for a few hours.

Until the wound healed, his diet consisted of Milk, Beef-tea, Mutton-broth, and Toast. The normal condition of the bowels after the operation was to move twice a day; but over them he had no control, nor did he always know when they were moving.

The cancer had involved the prostate gland, so that he was obliged to draw his water, which he was able to do with a flexible catheter.

After the operation, Mr. Ullman was free from pain and suffering, up to the time of his death. He was able to go

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about the house, and, had he had more energy, would have walked out of doors; but I was unable to break him from his morphine habit, which destroyed his energy totally.

After the operation, the cancer discharged through the artificial opening, and never again by the anus.

The first week in July, Mr. Ullman moved his residence to Providence, where he died August 21st,—nearly four months after the operation. His death was caused by Uræmia. Much to my regret, I was unable to leave my business at that time; so there was no *post mortem*.

XXIII.

OTORRHŒA OF CHILDHOOD.

JOHN H. PAYNE, M. D.,

THE subject of aural therapeutics has been much neglected in our system of medicine. Its importance, no intelligent practitioner will deny; yet our provings are very meagre in details and symptoms bearing upon this subject. The reason of this is, in a great measure, due to the fact that many of our provings were made at a time when the pathology of aural diseases was little understood. It is only in the short space of the last twenty years that much impetus has been given to investigations in this direction, and with so satisfactory results. The anatomy of the ear is quite fully described in records dating as far back as Hippocrates; but their deductions therefrom were so incomplete, and in many cases absurd, and their treatment so wholly empirical, that it has served as little guide to us. The importance of being able to recognize the advent of aural derangement, incidental to childhood, and thus to administer at once the proper remedy, is very obvious; for by the neglect of such, and thereby allowing the disease to progress unchecked, arise many cases

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of deaf-mutism. The organ of speech is subservient to that of hearing, and the abortive condition of the latter during childhood is frequently followed by the entire absence of the former. Scarlatina is a prolific source of the Otorhœa and consequent deafness of childhood. Very young children cannot, of course, make known to us that they are suffering from any congestive condition of the ears, otherwise than by their peculiar moaning cries, rolling the head from side to side, and sometimes the extreme redness and tenderness of the auricles. In all cases of Scarlatina, careful examination of the ears should be made from time to time, as to whether inflammation be present; and, if so, whether confined to the tympanum or involving the mastoid cells. Many practitioners are ignorant of the fact that the mastoid cells and the middle ear, or tympanum, are connected by means of several good-sized foramina, situated directly in the roof of the latter; and that these mastoid cells themselves are separated from the cerebrum and meninges by only a very thin plate of bone, and that consequently any inflammatory disease of the tympanum is very likely to be followed by a corresponding disease of the cells, and thus perforation into the brain substance.

In childhood the mastoid cells are situated directly above the auricle, thus involving the cerebrum, while later in life they are posterior to the auricle, involving the cerebellum. Therefore I say careful examination should be made; and, if the tympanic membrane should appear dense, dull, and yellow, the blood-vessels crossing it congested, the line of the handle of the malleus obliterated, the membrane itself bulging forward, no time should be lost; but the membrane should be at once perforated either in its anterior-inferior or posterior-inferior quadrant, and the accumulated purulent matter evacuated. Then the ear should be gently syringed with warm water, directing the stream against the sides of the meatus rather than directly against the tympanic membrane, and either *Hepar Sulph.*, *Mercurius*, or *Silex* (according to the indications) be administered. By this timely interference,

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thus allowing free vent to the pent-up accumulation, we accomplish the fourfold result,—firstly, of preventing, in a measure, the inflammation spreading to the mastoid cells above; secondly, relief from pain; thirdly, danger of perforation of the membrane by ulceration; and, fourthly, the clogging of the ossicles and fixation of the foot of the stapes into the fenestra ovale. For perforating the membrane, *Politzer's* perforation knife will be found the most useful. The instrument consists of a long, narrow shank, bent at an angle of 45° from the perpendicular, ending in a small, spear-shaped blade. The handle is of wood and long. You are thus enabled to use it without the annoyance of the hand obstructing the view. Never perforate the membrane without a good, clear illumination of the meatus; for your perforation must be made either in the anterior-inferior or posterior-inferior quadrant. Any perforation above that might involve Sharpnell's membrane, thus producing an obstinate condition of deafness. An ulcerative perforation in this portion is said to be very difficult to heal. It will produce a condition of deafness that, in any other portion, would not appreciably affect the hearing. Otherwise, the reparative process of the drumhead is remarkable in its rapidity and completeness, a few hours only being required to complete a closure after rupture or incision. In case of severe otalgia from simple inflammation previous to formation of pus, gentle syringing with warm water will give marked relief. Also, during our examination, should we find redness, heat, and tenderness above the auricles in the region of the mastoid cells, the child screaming out when touched, then we should hold ourselves in readiness for surgical interference. Such a condition might be a grave state of affairs, and would require a prompt and free incision into the cells, and the pus and necrosed bone, if any, evacuated. The periosteal covering of the cells is quite dense, hence the absence of much tumefaction in such a case. Yet we must not be misled by this into thinking that if let alone it will take care of itself; for the pent-up accumulation must

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seek an outlet; and, if not able to perforate the periosteum, it will the thin plate of bone separating it from the brain, and thus cause degeneration of brain substance, convulsions, and death. The third benefit to be derived from incision is avoidance of perforation of the membrane by *ulceration*. Now the perforation of the membrane is not of necessity followed by complete deafness. There are various degrees. In many instances the impairment of hearing is but slight, while in others the hearing is decidedly benefited thereby. I refer in this latter statement to cases where there has been such excessive tinnitus as to produce a condition of almost nervous deafness. Such tinnitus is relieved by the perforation. But these are exceptional cases; and, as a rule, this ulcerative condition is best avoided, because the perforation does not always seek that portion of the membrane we would desire, and, as I said before, any perforation of the membrana flaccida (Sharpnell's membrane) is likely to be followed by obstinate deafness; again, we cannot limit its extent, and, still again, the ossicles themselves may be carried away with the discharge. Should the ulceration involve the whole membrane, then of course we have left no surface to collect the waves of sound and to transmit them to the ossicles, and thus cause pressure on the fluid of the labyrinth and excitation of the nerve; though in some instances the direct pressure of the waves upon the foot of the stapes may cause this result in a less degree. Fixation of the foot of the stapes into the fenestra ovale may be another result of allowing this condition to continue too long. The discharge hardens and incrusts above the foot of the stapes, and finally causes a complete fixation. Such a condition would result in deafness.

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XXIV.

FOREIGN BODIES IN THE EAR.

F. W. PAYNE, M.D., BOSTON.

BUT few, even among physicians, know the degree of impunity with which foreign bodies may be retained in the ears; their presence, baring the probability of inoculation from an infectious material, is often of but little consequence to the integrity or usefulness of the parts involved; cases are on record where foreign bodies have remained in the ears for years without serious inconvenience; but it is the meddlesome interference of anxious friends or not over-wise physicians that is to be dreaded, who transform the harmless condition into one of the greatest danger, not only to the ear, but often to life itself. It would be well if the fear of the presence of a foreign body in the ear was transferred to that of the eyeball, where the most serious result that can usually happen is loss of sight; but it is not so with the ear, for improper attempts to remove a foreign body from the ear have caused the death of the patient. Perhaps a brief description of the anatomical relations of the parts under consideration may be of service, that we may still further understand the reasons why such serious importance is attached to this subject. The external ear comprises the auricle and the external auditory canal. The auricle is the beautiful appendage which we term the ear, and consists principally of cartilage covered with integument; there are also muscles, ligaments, nerves, and blood-vessels within its structure. The peculiar shape of the auricle is such as to more easily receive and condense sounds and convey them to the internal parts. The external auditory canal is the passage that extends from the outer ear to the tympanic membrane, or "drum-head;" it is about one inch and a quarter in length, varying a little in this respect in different individuals. This auditory passage

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consists of a cartilaginous and bony portion; the passage through the petrous bone is about two-thirds of the length of the canal, and the remaining one-third belongs to the cartilaginous portion. The canal averages about one-fourth of an inch in width, being narrowest at the middle of the bony portion, and widest at the ends; *i. e.*, at the opening of the canal and at the drum-head. The auditory canal is lined with the common integument of the body, and *not*, as some physicians claim, with mucous membrane, when they speak of catarrh of the external auditory canal: there can, of course, be no catarrhal condition where no mucous membrane exists. The integument lining the ear grows thinner as it approaches the depth of the canal, and covers the drum-head, forming its dermoid or outer layer. In the bony part of the canal the skin is closely adherent; hence the pain as of a periostitis when boils or abscesses are located in this region, for a stretching of this firmly-attached integument can be scarcely short of the pain of a felon. The membrana tympani or drum-head is the delicate, circular membrane extending across the passage, and separating the external from the middle ear. This membrane, in health, has a brilliant polish, is usually of a bluish-gray color, and as thin as the finest tissue paper, consequently of a consistency that may be easily ruptured by undue pressure; its substance is traversed by a dense network of blood-vessels and nerves. The middle ear is an irregularly shaped, air-containing space, with the Eustachian tube entering it in front, near its upper wall; and the mastoid cells, within the mastoid portion of the temporal bone, from behind. In the tympanic cavity is a chain of three small bones, the smallest in the body; consisting of the malleus, or hammer, the incus, or anvil, and the stapes, or stirrup. These bones are connected by movable joints, and extend from the substance of the drum-head (into which the handle of the hammer is attached) to the internal ear, where the base of the stirrup is fitted into the oval window of the labyrinth; they serve to conduct the sonorous undulations of the atmosphere to the

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auditory nerve and brain. The labyrinth contains the fluid of the internal ear, in which the fine ends of the nerve of hearing are suspended; thus the external and middle ear is put into direct communication with the internal auditory apparatus. The situation of the tympanic cavity is such that the presence of a foreign body within its walls is one of most serious import. A glance at its boundaries will serve to illustrate. Its upper wall is separated from the cavity of the cranium and meninges of the brain by the thinnest partition, sometimes of porous bone; or the meninges of the brain may alone serve as the partition-wall. The lower wall of the cavity is in close proximity to the jugular vein; the inner wall is the line of separation from the carotid artery and labyrinth; while the upper and inner wall is in close relation with the facial nerve. Hence it is easy to see, when once the external boundary of the tympanic cavity is passed, upon what dangerous ground we encroach. Inflammation extending from this cavity may cause death through purulent Meningitis or Cerebritis, which is the more common complication; or phlebitis of the jugular vein may be caused; destruction of the coats of the carotid artery, and fatal hemorrhage is a complication; suppuration within the labyrinth, extending to the cavity of the skull; or either temporary or permanent facial paralysis, through an influence exerted upon the facial nerve, is a result; and very frequently numbness or insensibility of one side of the tongue, sometimes with the feeling as if a piece of ice had been rubbed on to it, is produced, through pressure upon or destruction of the chorda tympani nerve, which passes through the tympanic cavity supplying the corresponding side of the tongue. Foreign bodies are usually introduced through the outer meatus, but may enter the tympanic cavity through the Eustachian tube from the throat, as has been reported in a few instances. The things that have come to my notice as having entered the ear are, a pin, a stone, gravel, a bean, a pea, a shell, glass beads, pledgets of wool and of cotton, pieces of paper, tobacco, insects, and their larvæ.

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The ears are often subjected to an accumulation of vitiated and hardened cerumen, and to the presence of vegetable fungus growths, similar to that that clings to damp walls or mouldy bread. Those foreign bodies such as a bean, pea, and the like are very apt, if long retained, and being moistened by the secretions in the ear, or from water used in syringing, to swell, and thus become more firmly wedged into the passage; those of a metallic nature do not change their size, consequently are usually more safely retained. When a foreign body is placed in the ear, it is usually done by a child at play, or for the purpose of medicinal treatment, as an alleviator of pain. Insects sometimes deposit within the ear, upon a suppurating surface, their eggs, where they soon become grubs or larvæ. These larvæ induce considerable and sometimes very severe pain, by the penetration of their very sharp hooks into the tissues. They can seldom be removed by syringing, for this process simply makes them more lively; the only satisfactory method is to remove them with suitable forceps, under a good illumination. Insects sometimes creep into healthy ears, and their presence usually induces most intense and agonizing pain, with heavy tinnitus aurium. I was called to see a case where a lady was suddenly seized, while at supper, with a severe pain in the ear, accompanied by much tinnitus, which became louder by spells. Upon examination with the speculum and otoscope, I detected the presence of a living foreign body. As I had not my aural syringe at hand, I requested the lady to recline the head, holding uppermost the ear in which she had the pain, while I poured in a little warm water from the small nose of a pitcher. No sooner was the water poured into the ear than out came a little black spider. Fortunately her symptoms were immediately relieved on its exit; had she been bitten, the venom from its sting would have complicated, perhaps seriously, the case. The most efficient and speedy means of removing an insect from the ear is by the use of a syringe and warm water. Some authorities teach that some agent, such as

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dilute alcohol, or oil, be dropped into the ear, before syringing; but I consider it usually an unnecessary waste of time. I have treated several similar cases, and in all of them the insect was easily dislodged by the use of the water alone. I believe its use is sufficient to drown the insect, or make it come out at once.

As little insects often get into the ears, laymen should be instructed, in case of the occurrence of such an accident, to immediately pour water into the ear. A dispensary case was reported, where a patient complained of a sudden pain in the ear, with frequent loud thumping and booming sounds, and almost constant wriggling feeling there. Upon examination, a bed-bug and flea were found at the lower part of the canal. A syringe full of warm water put an end to their playfulness, and relieved the unpleasant sensation. When a patient is suspected of having a foreign body in the ear, the first step of the surgeon is to examine carefully, by means of the speculum and otoscope, with reference to determining whether anything is present. It is often discovered, after careful examination of the canal and tympanic membrane, that no foreign body is there; a feeling as of one in the ear is often experienced from catarrhal conditions of the tympanic cavity and Eustachian tube; and it is sometimes difficult to convince a patient that in reality no foreign body is present. Without a careful examination of the external auditory canal, many a life has been sacrificed through attempt, on the part of physicians, to remove imaginary objects that had never lodged there. I have known physicians to click with a probe the bony wall of the canal, thus causing them to believe that a foreign body was present. I would thus urge upon all the great importance of determining by ocular inspection, through means of the speculum and good illumination, before attempting the removal of a foreign body. Mental hallucinations are often the cause for a belief that there is a foreign body in the ear. As an illustration, I will cite the case of a lady who came to my office, and said she had a pin in her ear, and that her physician,

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friends, and herself had been unable to remove it, although frequent attempts had been made. She was very nervous and excitable; the idea of a pin being in her ear was uppermost, so that she could scarcely converse upon any other subject, her mind in consequence being filled with fearful forebodings as to the results of its retention. Notwithstanding a careful examination, and positive assurance that no foreign body was present, no argument that I could offer had any influence in disabusing her mind of the one absorbing belief. I suggested, as we were unable to find the pin, that treatment might bring about a condition of relief, and, possibly, the foreign body might be found. To this advice, she assented; and I prescribed for the vitiated mental state. She soon became calmer, and I was then able to explain satisfactorily to her the condition that had brought her mind into this insane belief. It seems that, on introducing a pin into the ear to relieve an itching sensation, the head of the pin, coming in contact with the exposed bony wall of the canal, produced a clicking sound. This fact so wrought upon her sensitive nervous organism that she dropped the pin, which she said she could not find, and believed it had entered the ear. This thought constantly harrowed her mind, producing sleeplessness, etc., so that when she reported to me she was in a condition bordering on insanity. Sometimes severe coughing, or even vomiting, arises from the presence of a foreign body in the ear. A case is reported of chronic vomiting, in a child, which for a long time resisted all treatment, but was cured by removing a bean from each of the child's ears. I have often caused patients to cough convulsively, when using a pledget of cotton for drying the ear after syringing. This condition is probably caused by irritation of the auricular branch of the pneumogastric nerve, which appears near the integument, at the junction of the cartilaginous and bony portion of the external auditory canal.

I cannot, however, too forcibly impress upon one the fact that the presence of a foreign body in the ear is usually not

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the condition to be feared; but its removal by unskilled means is the part to be dreaded, which transforms the comparative condition of comfort into one most serious. When a foreign body is detected in the ear, forcible or violent attempts should never be made to dislodge it; for the fear of pushing it through the drum-head into the tympanic cavity, or even into the labyrinth itself. Unfortunately these complications have arisen even in the surgeon's hands. When a case comes to one for treatment, the foreign body can usually be removed by careful syringing, providing it has not previously been meddled with; unfortunately, however, as the latter is more often the case, other means must be devised for its removal. Frequently the friends of the patient, in their misguided zeal, have pushed the foreign body still deeper into the ear, so that it has become impacted, or much inflammation and sensitiveness have been produced. This latter condition being the case, it is better to wait, before further attempts at removal are made, till the inflammation has subsided; then, if instruments are to be used, it is better to place the patient, especially if a child, under *Ether*, and proceed carefully with a probe, or delicate forceps, to tip the foreign body in such a way that the water from a syringe will pass behind it, when it is usually easily dislodged. Many plans have been suggested for the removal of foreign bodies from the ear; viz.: The galvano-caustic. It is here hardly necessary to remark, that the greatest possible care and experience are requisite to make this method a success. An ingenious method is through agglutination, where joiner's glue, or sticking-plaster, or some other adhesive agent is brought into contact with the foreign body, and there allowed to harden, when both the foreign body and the united instruments of removal are withdrawn together. It sometimes becomes necessary to partially detach the auricle from its junction with the bony part of the canal to dislodge a foreign body; the incision is usually done through the upper and posterior portion of its attachment. All sorts of instruments have been devised

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for the removal of foreign bodies from the ear; but few of them have proved useful, however. The principal instruments that still remain prominently useful are the syringe, made of brass, and capable of holding about four fluid ounces; it is fitted with two rings at the top of the barrel, so that it may be comfortably handled with one hand, while the other hand is left free to seize the auricle and put the canal upon the stretch; this condition it is necessary to attain in order that the water may enter well into the passage. A delicately-made pair of forceps, the arms at an angle of 45° with the handle, is often serviceable. Certain forms of ear-spoons, made very delicately, are occasionally of service; but all instruments made for this purpose are usually subservient to the use of the syringe. Let it be well borne in mind that a good illumination of the parts, while the manipulation is progressing, is of the utmost importance, that one may see exactly what is being done. The only solvent I have found it necessary to use, especially for impacted wax, is glycerine; this should be dropped into the ear, a few drops at a time, once a day, for several days, before the operation for removal is attempted. Dilute alcohol must be used in cases of vegetable fungi in the ear; for it is impossible to syringe this mass away with water alone. Dilute alcohol should be dropped into the ear several times a day, for several days preceding and following the removal. Unless this precaution is taken, it will be found impossible to remove the vegetable fungus growth, and if the use of the alcohol is discontinued too soon after the removal, it will again be reproduced in a few hours, filling the auditory canal as firmly as before.

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XXV.

MALARIOUS POISON, OR NOXIOUS EXHALATIONS.

A. J. FRENCH, M.D., LAWRENCE.

ZYMOTIC DISEASES.— This is a new bureau, and, it seems to me, one of the most important. In these days of progress in hygienic science, we find many theories advanced upon the subject of Miasm, or Malarious Poison. In the short time I shall take, I shall only hint at some of the many theories broached upon the matter of Miasmatic Poison. To attempt a detail of a single theory would more than consume the time allotted to this session.

I will simply commence my paper, and at some future meeting continue the discussion.

Miasm is understood to be a poison emanating from decomposition of vegetable or animal matter, producing a poison in the atmosphere that communicates disease in susceptible organisms. Zymotic diseases usually appear endemically or epidemically, and at intervals. Under this head, to illustrate, we have Yellow Fever, Cholera, Typhoid Fever, Malignant Dysentery, etc.

Far back in history we have accounts of devastating scourges in the form of epidemics. We find the history of nations, political science, and civilization identified with these diseases. Rome and Greece, it is said, fell more in consequence of pestilential diseases than from all other causes. We get but a faint idea to-day of the terrible destruction epidemics produced in the early days of civilization. Among the causes that broke the force of epidemic diseases we shall give the first place to advanced civilization and improved sanitary conditions, now recognized everywhere. Secondly, the better knowledge of epidemic diseases and the way in which they are propagated. And, when we realize the fact that nearly fifty per cent. of the total mortality

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occur from infections, we see the importance that attaches to this subject. It is said that history does not record so much fatality from wars, volcanoes, earthquakes, inundations, hurricanes, etc., as from epidemic diseases. Now, as to the causes of malarious infection, all sorts of theories have been advanced.

Ancient physicians, writing upon epidemics, observed that the ordinary theories were insufficient. They thought epidemics were something extraordinary to manage; but as to the nature and real cause they had few clear ideas. In later times, they had a particular preference for the influence of atmospherical electricity. Up to our time there was no limit to the hypotheses advanced. Within the last fifteen years a great revolution has taken place in regard to the popular significance of *Contagium vivum* as the excitant of diseases in the organism attacked with specific disease; while *Miasm*, on the other hand, is a specific excitant of disease which propagates itself outside of the diseased organism. Miasm originates from without. Taken into the body, it can develop a specific disease, but cannot spread the disease by conveying it from one diseased to a sound person. The malarious diseases are miasmatic; the morbid poison develops itself externally. It does not depend for its reproduction that it be taken into the higher organisms.

It would be worse than useless to go into a speculative detail (as this session is for practical utility) in regard to the theories *pro* and *con* respecting the *Contagium vivum* and *Zymosis*. The Germ theory recognizes a specific cause for contagia; self-propagating, parasitic, or fungoid in its character, and must be communicated by contact, which increases and grows in a manner peculiar to a living organism. The opposite of the germ theory is expressed in the definition of Zymosis, which means ferment; and, according to Liebig, this theory assumes ferment to be a portion of organized matter in a molecular change, which can be communicated to previously sound bodies with which it comes in contact.

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There have been numerous experiments by eminent scientists to prove both of these theories; and, so far, not either theory has been satisfactorily established. The dual nature of the character of miasmatic epidemic, it seems to me, has not fully enough been considered. The outside cause, Miasm, and the peculiar, susceptible condition of the body for the poison to propagate itself upon and thus create disease.

Without going farther into the speculations how these theories harmonize, I will speak of some facts in relation to conditions upon which Miasm is most likely to manifest its terrible results. What we want, if we cannot fully understand *how* this poison originates, and its peculiar nature of operation — whether it be propagated by fungus, is fungoid in its growth; or whether it is purely fermentative, depending upon the condition of the organism for its development,— to understand fully how to answer which questions would be of inestimable value to the profession,— *is*, to learn every possible way to prevent and arrest the operation of so deadly a poison.

Perhaps the next most practical question is, to study the circumstances under which we observe the development of Miasmatic diseases. If we cannot understand the nature, quality, and chemical constituents — how it grows, develops, and propagates its own germ of life,— we may, by close observation, ascertain what kind of soil is most congenial and prolific for the propagation and spread of the disease. And is it not of the first importance that we use all the means possible by employing prophylactics, and thus prevent what we cannot remove? If we cannot eradicate and destroy, cannot we in a measure prevent by avoiding the conditions necessary for the development of these malarial poisons, which so often result in terrible epidemics? Miasm is an intangible undemonstrable essence that cannot be defined, measured, or bottled up. The atmospheric conditions are its pabulum for propagation and wide-spread destruction upon the living organism. Now, what are some of the conditions and cir-

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cumstances under which this poison manifests itself so destructively upon human life? First, it seems to me (as New England is not a miasmatic district), one chief cause, and the circumstance most favorable for the development and propagation of malarial poison (if not the real cause), springing from decomposition of refuse matters, solid and liquid, *about* or *in* our dwelling-houses, is *uncleanliness*. This must, I think, be recorded as one of the most dangerous of preventable causes; I mean neglect to remove from our dwellings and streets all refuse matter, both solid and liquid, which is liable to decompose, or in any way produce noxious exhalations which may give rise to poisonous effluvia, and also be dangerous from soakage. I do not overlook the fact that there are other ways by which the atmosphere becomes poisoned, which may be as fatal as putrescent effluvia; viz., over-crowding, where dwellings are inhabited beyond their means of ventilation; foulness of air from ill-ventilated sleeping apartments, etc.

It has always been recognized as a fact in medical science and experience, that people living amid or within reach of polluting influences succumb to disease, who, under opposite circumstances, would be comparatively safe; and the broad fact that decomposition of vegetable and animal matter produces Miasm and consequently disease, is now recognized by all teachers of sanitary science.

But what I want to impress upon the profession (as we are looked upon as the conservators of the public health) is, that the subtle miasmatic poison operates more widely and destructively, and in more indirect clandestine channels, than we are apt to think, unless we have made the subject a special study. Modern science has shown us that the operation of this poison is not detected by the offensive gaseous exhalations, and it cannot be chemically identified, nor physically demonstrated; hence the danger arising from this intangible, inodorous, undemonstrable miasmatic poison. The more offensive gases which arise from the decomposition of filth, and poison and disorder the body,—such as come

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from blocked sewers or unventilated cesspools,—give rise to general discomfort to sensitive persons temporarily, while exposed to them, and depress the general health of those who habitually breathe them; but their very offensiveness guarantees immunity to the public. From the other more subtle, inodorous, gaseous Miasms come far wider possibilities of harm, which must be attributed to morbific ferments or contagion, not necessarily gaseous; but, as far as we know they have the essence in solid elements, which the microscope discovers,—their germs being microscopic, and probably the minutest not even then detected. These organisms, in virtue of their vitality, are self-multiplying to an indefinite extent; so, from small beginnings, the ulterior effect may be indefinitely propagated. This poison of which I am speaking arises from a septic (putrefactive) ferment, seems always to be present when putrefactive changes are in progress, as occurs in all decaying animal refuse, and possibly from human excrements long confined in ill-ventilated vaults. Apparently it is by these various agencies (essential and incidental) that decomposition produces zymotic (fermentative) disease. It is important to bear in mind that offensive odor is not a necessary accompanying evidence of the fatality of the poisonous Miasm. Very offensive gaseous odors may be comparatively harmless. Not unlike electricity, a most malignant poison may operate *unseen*, and be only known and felt by its results. Ferments, as far as we understand, show no active power of diffusion in dry air, only diffusing as they are possibly wafted, and then not probably carrying their vitality far. Moisture is the normal medium: currents of humid air from sewers and drains lift them in their full effectiveness into houses or confined spaces; and low-lying localities, if unclean as regards removal of filth, may be expected to have this ferment present in common atmosphere, as well as in the soil from which they emanate. A growing scientific knowledge in the matter of common septic ferment is one of the hopeful signs of the times: it betokens an advance in

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Medical science. Professor Sanderson, in his research in pathological investigations, has clearly shown that in the common septic ferment reside powers of disease as positive, though not so exactly defined, as those which reside in variolous and syphilitic contagia. The line of thought thus suggested is one of most vital interest, and shows the necessity of continued study upon this subject to be extremely great.

I will only hint at some of the forms in which Miasm is found producing disease. There are houses, there are whole villages, and even farm-houses, where there is general slovenliness in everything which relates to the removal of refuse matter,—where within or just outside of each house, or in spaces between houses, lie for an indefinite time, engendering fetid decomposition, all sorts of decomposing matter, from man, beast, garbage, slop-water,—sometimes lying bare on the common surface, or confined in pent-up apartments.

The danger comes from two sources: one, the volatile effluvia from the refuse polluting the surrounding atmosphere and everything it contains. The other is from the liquid soaking into the surrounding soil, and finding its leakage into wells, springs, and cisterns, and thus producing the deadliest of pollution. To an immense extent, which persons who have not made sanitary science a study could hardly find themselves able to imagine, dangers of this sort are prevailing throughout the length and breadth of our land. A second point, equally important, needs our attention as professional men who should feel some responsibility in preventing contagious diseases, it is the fact that contagious diseases not only infect the locality where the cause exists, but can transmit its infective power far away through certain channels of conveyance. For instance, houses having unguarded drainage, communication with cesspools or sewers, may receive through such communication the poison, as if excrements stood rotting within their walls. Thus it has again and again happened. Individuals living with all the appointments of apparent cleanliness have received the contagion of Typhoid Fever through some unguarded drain-

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inlet. I was called, not long since, to attend a family living out of the city three miles, upon a beautiful hillside slope; to all appearance, all the surroundings healthful. The family were all suffering from some malarial poison. Examinations of the premises revealed nothing that could explain the cause: they were scrupulously neat. I suspected the well might be poisoned from the soakage from the sink cesspool. A thorough examination of the soil between the cesspool and the well revealed the fact of a direct communication between the two. It had, in fact, made a little opening, so that without the advantage of filtering through the soil it flowed directly into the well. It had not been looked after for more than fifty years. The cesspool was about twenty feet from the well, some six feet higher. It was ascertained afterwards that the place was noted for sickness, and had changed hands on that account several times. A new well was opened and no more malarial sickness followed.

I was called to a farm-house where three children had died of malignant Diphtheria in its worst type. I looked for a local cause. All above ground looked cleanly and healthful. I noticed a peculiar smell as I entered the kitchen. I inquired if the cellar was dry. They said it was. I asked the family to let me go down and see for myself. I found every species of vegetable (this was April), from potatoes to cabbages, in a state of the foulest vegetable decomposition. Query: Was this the cause of the Diphtheria? So I might give many similar illustrations, all showing the necessity of guarding against the subtle miasmatic poison, so common that it is not guarded against or feared as the deadliest foe to health.

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XXVI.

DIPHTHERIA CASES.

D. G. WOODVINE, M.D., BOSTON, MASS.

THE cases of Diphtheria which I am about to report may be called typical cases. Experience has taught us that sometimes what appears to be the most simple cases, may, from constitutional effects of disease, prove to be the most dangerous and fatal. Again, where objective symptoms promised nothing, and we have assured ourselves that the patient could not recover, and we have held out no encouragement to friends, we have been as much disappointed in their speedy recovery. These cases are not chosen on account of successful treatment, but because they represent both success and failure; and it is hoped the consideration of them may be a means of exciting discussion, and if possible draw out the experience of those who have felt timid about reporting unsuccessfully treated cases of one of the most common and dangerous diseases among all ages and classes of society. We are naturally inclined, judging from my own feelings, to report our most successful cases, and say nothing about our failures. I desire to treat every case of Diphtheria successfully, and desire to make the most of this meeting, in general consultation, to gain or to give aid in the healing art, so that we may be more efficient in relieving the sufferings of our fellow-men.

I will report two typical cases, which will fairly present the character of the disease with which we have to deal. The first was a boy, to whom I was called on the eve of his seventh birthday and at the very beginning of the New Year. He had been out of town on a short visit, and, while on the way to the depot, complained of weariness and indisposition. The night after his arrival at his aunt's, he complained of sore throat and chills, which were followed

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by high fever. The aunt, being familiar with domestic practice, gave him the usual remedies prescribed on such occasions, without breaking the fever which prevailed, or in any way relieving the very sore throat. The aunt becoming frightened at the case, which really appeared alarming, bundled up the boy, and on a cold December day brought him home to Boston to his parents. They, not realizing how sick he was, nor with what disease, came to my office, requesting me to send a prescription to one suffering with fever and sore throat, with whitish patches upon the tonsils. There was also swelling of the cervical glands, giving the child an appearance as though he was suffering from an attack of Parotitis. *Aconite* 1st dilution, *Mercurius Cyanuret* 1st trituration, were prescribed, and direction given to administer them alternately once in two hours, during the night; and, if no improvement occurred, orders were given not to delay sending for a physician early in the morning. The medicine was administered faithfully during the night without any apparent relief. He slept but little; tossed about from one side of the bed to the other; complained constantly of his throat, and gave evidence of being alarmingly ill. I was summoned early the next morning, and found the child in the following condition: Pulse quick and weak; fever somewhat abated from what it was in the night; the cervical glands very much swollen; muffled voice; great flow of saliva, and great accumulation of mucus in the throat, with white or grayish-looking patches on the tonsils; constant disposition to wipe the nose, on account of a mucopurulent fluid dripping from the nostrils. On examination, the throat seemed to be filled with the swollen tonsils and diphtheritic membrane, which was fully formed; the breath was so offensively fetid as to be intolerable. He had paroxysms of strangling, and, being naturally fond of having his own way, and frequently indulged, would, when importuned to remain in bed covered, jump from the bed, strike his attendants in the face, reel about the room, plunging in this direction and then the other, stamping his feet as if in a

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fit of passion because he was obliged to suffer. All the pugnacious qualities which are necessary to get up a first-class fight were manifest in him. The symptoms were of so grave a character, that I thought best to make a second visit toward night; and did so, finding him much the same, only weaker, and taking very little milk for nourishment. I asked him how he would like bread and honey to eat, which pleased him much, and of which he partook in small quantities during the rest of the time he was sick. The odor of the breath was so offensive that I was obliged to hold mine while making an examination of the throat. The same condition of throat was manifest, with this exception, that the diphtheritic exudation, instead of appearing in patches, covered the entire pharynx and extended up into the posterior nares. Late the same night I called Dr. Talbot in consultation. He gave no encouragement in the case, but looked upon it as the most malignant form of Diphtheria, which in all probability would terminate fatally. The *Aconite* and *Cyanuret of Mercury* were changed for *Kali Bichromicum* 2^{d} decimal trituration, once in two hours, with an occasional dose of *Cyanuret* of *Mercury*. Externally, applications of lard or sweet oil had been made to the throat, which were discontinued; and at the doctor's suggestion *Myro-petroleum* was used instead, well covered with a compress of cold water. This, however, was not applied until the following morning, when there was no great change in the symptoms. The patient had passed a very restless night, tossing about from one side of the bed to the other, being able to sleep but little. He gave signs of great physical weakness. The face was pale, the eyes sunken; but on an examination of the throat the membrane gave signs of exfoliation. The *Kali Bichromicum* was continued alone, with the expectation that laryngeal symptoms would develop before night. The appetite was very limited: milk, stale bread, and honey was the diet, and partaken in very small quantities. In the evening there was a decided improvement in the symptoms. No laryngeal symptoms occurred,

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and, in the course of seven days from the time the patient was taken ill, apparently every vestige of the disease had disappeared. We were both surprised at the result in this case.

Case II. was a girl about seven years old, taken ill early in June, during the picnic season; went on Saturday to such a gathering, but was so generally indisposed that she did not enjoy it much; complained of a sore throat and swelling of the neck. Was called to see the patient at 6 P.M. on Sunday, and found her suffering from an attack of Diphtheria. The tonsils were enlarged and lightly covered with patches of a grayish-white membrane. The cervical glands were swollen a little. Some difficulty in swallowing. The voice had a muffled sound; and the breath was somewhat offensive, but not intolerable. The febrile symptoms were not violent, as in the case of the boy, but of a milder type, apparently. *Aconite* 3^{d}, and *Mercurius Cyanuret* 1st trituration were prescribed, and given alternately once in two hours. I saw the child once a day, and did not see much change in the pharyngeal symptoms; at least, I could not see that they were developing with any degree of rapidity. The child, however, was languid, had no appetite, did not care to move about much; when placed in a certain position was likely to remain so, unless, when sleeping, she would toss about in a restless manner. She could be induced to take a limited amount of milk, bread, and honey. About the end of the third day the visible throat symptoms were better; but simultaneously with this change came a change in the voice, hoarseness with occasional whispering, indicating that the larynx was becoming invaded with the disease. The breathing, inspiration and expiration, was difficult, indicating that the invasion was supra-glottic and infra-glottic. The treatment was changed to *Kali Bichromicum* 2^{d} decimal trituration, and *Mercurius Cyanuret* 1st trituration, once in two hours alternately, without any improvement. The difficulty of breathing was distressing in the extreme. The face was of a livid hue,

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showing that blood-poisoning was going on. The last prescription was continued for two days with a steady increase of the laryngeal symptoms. There was nearly complete aphonia and the characteristic cough of membranous croup. At the close of the fifth day it was very evident the case was growing more serious; and, if a change for the better could not be secured soon, there would be no hope of bringing about a favorable result. *Lachesis*[200] was prescribed in place of *Kali B.* and *Mercurius Cyanuret*, and given once in two hours, but without any apparent benefit; and the patient died at the end of the seventh day. During the administration of the medicines, the *Myro-petroleum*, covered with a compress of cold water, was applied to the throat and larynx.

The case of the boy was one of marked symptoms, developing rapidly, and apparently threatening to terminate fatally in two or three days, and yet was cured by means of Homœopathic remedies inside of seven days. The case of the girl was less marked, the symptoms apparently much milder in the beginning; everything promised well, and looked like an early termination of the case in health; but, on the contrary, in seven days the case terminated fatally. The dispositions and temperaments of these children were entirely unlike each other in many respects; and in others, not so much. The father of the boy was of consumptive habit and nervous temperament. The mother, healthy, high-tempered, and nervous. The boy, as has been already indicated, was of a nervous temperament, irritable, pugnacious, and with a great deal of animal vitality. The girl was of a phlegmatic temperament,—slow in her motions, easily persuaded to comply with requirements necessary for treatment. The father and mother were more of the phlegmatic temperament,—objectively had a good deal more brawn than brain.

The surroundings and circumstances of the case were as follows: The boy's parents were intelligent Americans, well brought up, had enjoyed the advantage of good society,

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were cleanly, had abundance of good food, and the family were well clothed. The house in which the family lived was of the French pattern, with all the rooms on one floor, with water-closet in the centre, leading out of the hall. From this emanated an offensive odor, for want of proper ventilation. The season was mid-winter. Rooms heated with coal stoves, and ventilation only by means of opening the windows. The boy had good care.

The girl's parents were foreigners, in very poor circumstances, of limited intelligence, lacked cleanliness, and were poorly clothed. The children had enough to eat; but not much of a variety, nor of the best quality. The parents were careless about following the directions, and, from want of intelligence, frequently would not appreciate why the case should be watched so closely. The house was located in the middle of a common wooden block, up one flight of stairs from the street, with all the rooms on one floor. The water-closets for the whole block were in the basement; upon inquiry in regard to whether there had been any complaint made about the drain, I learned that for several weeks there had been trouble about the debris being carried away. The landlord had made several unsuccessful attempts to remove the nuisance. The case was reported to the Board of Health, and an official examination of the premises made, which were pronounced to be all right. This examination happened just after an attempt to relieve the drain. Two days later, complaint was made that four of the water-closets were full to the brim, and could not be used. This state of things I immediately reported to the Board of Health; but before I had learned the result the patient had died.

In both these cases disinfectants were used freely, all about the premises.

The question may be asked at this point in the consideration of these cases: Why did the boy, who appeared so very sick, get well? and why did the girl, who was apparently suffering from a mild attack of Diphtheria, continually grow worse and finally die?

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As has already been said, my object in bringing these cases to your attention,—in many respects similar and in some respects dissimilar,— is to draw out the experience, and gain the advice, of others in the treatment of Diphtheria. The case of the boy was one of flattering success in the way of treatment; and the case of the girl was, on the contrary, one in which I expected success, and realized an unexpected failure. It still seems to me that both cases should have been successfully treated. I cannot recall any want of attention on my part in either case, either in the selection of remedies or in the introduction of sanitary measures. I could report a case of the latter class, where all the symptoms were more severe, in which the pharynx was first invaded, the larynx above and below the glottis, producing the most difficult breathing imaginable, which, after a long and protracted struggle, recovered. This, however, does not aid me in my inquiry into the lack of success in Case No. 2. My confidence in the great law of cure is not shaken in the least by my failure to cure. The difficulty I apprehend must lie in one of two ways, or, perhaps, both. The cause of the disease was probably not wholly restrained or destroyed, or perhaps not at all. On the other hand, the remedies prescribed were not sufficiently adapted to the phenomena presented and known as Diphtheria to successfully cancel them. As we review the cases, we remember the sanitary causes to be about the same. The boy had cold weather on his side to aid; and, possibly, the sanitary condition was not as bad as that of the girl; and the girl had the depressing hot weather of June to embarrass her. But the water-closets in the houses were both out of order; and these are said to be accompaniments of bad cases of Diphtheria; whether or no they are the sole cause of the disease, producing fungi, which find their lodgment on the mucous membrane of the fauces or not, I know of none wise enough to explain. There have been certainly a great deal of diligence and perseverance manifest among men of wisdom and learning to discover the source of this disease.

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There have been times when the clouds of speculation were apparently about to give way to the light of science; but the clouds have gathered thicker, and we have realized the light of discovery has not yet arisen sufficiently high to dissipate the clouds and mists which beset our way in the treatment of this disease.

XXVII.

THE INFLUENCE OF UTERINE DISEASE UPON THE GENERAL HEALTH.

H. K. BENNETT, M.D., FITCHBURG.

GYNÆCOLOGY, or the doctrine of the nature and diseases of women, is one of the leading sciences of to-day.

Any one who is able to unravel the complexity of symptoms usually occurring in an invalidated woman, and can ascertain the source whence they originate, and also apply the proper means to insure the cure, is a gynæcologist in the true meaning of the term. In the short portion of time which I may occupy, allotted to the report of this committee on gynæcology, I wish to call your attention to the influence of uterine disease upon the general health. It is a fact that the most frequent cause of invalidism among women living in this age (boasting of its enlightenment) is some form of uterine disease or abnormity. I would not wish, however, to be understood as attributing every disease, ache, and pain in the female sex to be of uterine origin,— far from it; but this much I do claim, the influence of uterine disease upon the general health is much greater than the majority of the medical profession are willing to concede. This want of concession is owing more to ignorance than to anything else. Why is it that uterine disease exerts such an influence upon the general health; or, in other words,

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why is it that the large proportion of ailments of women are owing to some derangement of the uterine organs? Let us now endeavor to give a correct solution.

The uterus and contiguous parts are richly supplied with ganglia from the great sympathetic or ganglionic system of nerves. These ganglia are in direct communication with each other. From these ganglia, nerves proceed in two directions; viz., to the spinal nerves, and to various organs and other ganglia in close proximity. There are ganglia of large size situated upon or near the thoracic, abdominal and pelvic viscera. Several of these ganglia being near each other, and intimately connected with an intricate network of nerve fibres, coming to and going from, form what are called plexuses. There are a very large number of plexuses in the body; but the largest and most important are the cardiac, solar, and hypogastric. These plexuses are also intimately connected with each other by means of numerous nerve-fibres. There are ganglia in immense numbers situated immediately beneath the mucous membrane, and between the muscular fibres of several organs, particularly the stomach and uterus, which are only visible by means of the microscope. These are intimately connected with the large ganglia and plexuses by nerve-fibres.

The physiological function of these ganglia is to receive impressions and convey impulses. These ganglia being keenly sensitive to *all* impressions, and, by their wonderful arrangement and faculty of transmitting impulses, it is easy for us to conceive the amount of disturbance set up in one or several organs, when the disturbing element is situated in a remote locality. This forms what is called reflex action. When an organ like the uterus, which is more richly supplied with these ganglia than any other organ, is diseased, or has some abnormity, the impression is conveyed to the spinal marrow by the afferent spinal nerves; in consequence of which an impulse is sent by the efferent spinal nerves back to the uterus and onward to the different plexuses. This impulse may be transmitted to many plex-

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uses or only to one; and it is singularly strange, but nevertheless true, that wherever the impulse is carried it produces an apparent disease or disturbance of the organ or organs situated nearest the plexus to which the impulse is carried. If these impulses are continued for any great length of time, the ganglia and plexuses become congested, producing a complication of difficulties which often remain a long period after the original cause is entirely removed. If the cardiac plexus receives the bulk of the impulse, we will find symptoms simulating organic disease of the heart; such as dyspnœa, palpitation, angina pectoris, mastodynia, etc. If the solar plexus receives the force of the impulse, there will be derangement of the stomach; such as atonic dyspepsia, sick-headache, nausea, vomiting, and that peculiar sensation, often witnessed, of "goneness" at the epigastrium. This impulse may be transmitted to the brain, producing megrim, epileptic convulsions, insanity; or to the eyes, producing asthenopia, amblyopia, or other anomalies of refraction; or to the larynx, producing cough, hoarseness, and aphonia,—in fact, no organ is exempt from a liability to become influenced and apparently diseased by the existence of some uterine abnormity.

These series of nervous phenomena dependent upon uterine disease form in our medical nomenclature what Dr. Engleman, of St. Louis, terms Hystero-Neurosis.

I would not be understood as saying that diseases of other than the uterine organs do not exert an influence upon the general health through the media of the ganglionic system of nerves, for they do; but in such cases the objective and subjective symptoms are so prominent as to enable one easily to determine the seat of the disease. There is another very frequent sequence of uterine disease, viz., Neurasthenia,—a term used by Dr. Beard, of New York, to signify nerve tire, anæmia or exhaustion of the nervous system. The symptoms of Neurasthenia, although often induced by other causes, are more frequently in women the remote symptoms of uterine disease. Dr. Goodell, of Phila-

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delphia, says that Neurasthenia is causative of uterine disease; but it is my firm belief that the latter antedates the former in the large majority of cases. These logical deductions are based upon the large experience of our best gynæcologists. In their practice, these diseases have been demonstrated to be unquestionably dependent on uterine disease, by not submitting to ordinary internal medication, but yielding at once upon local and general treatment of the causal pelvic disorder. The diseases of the uterus most frequently occurring, which produce the various forms of Hystero-Neurosis and Neurasthenia, are Pelvic Cellulitis, Laceration of the Cervix during parturition, Sub-Involution, Endo-Cervicitis, Endo-Metritis, and the various flexions and versions,— the first three forming over seventy per cent. of all the cases. It will be observed by this short synopsis that there is at least one class of ailments where the treatment must be carried out from a pathological standpoint, rather than based upon its symptomatology. I might recite a score or more of cases, where victims of Hystero-Neurosis and Neurasthenia had been treated by some of our very best Homœopathists without benefit, save temporary relief, which have yielded immediately and permanently upon the removal of the uterine disease by means of local and general treatment. I now have in mind two cases of Laceration of the Cervix Uteri, where Sub-Involution and Endo-Metritis were produced, causing such an array of symptoms, by reflex action, as to indicate from their symptomatology a score or more of remedies, which yielded at once by means of depletion, the curette and intra-uterine medication, aided, of course, by such internal remedies, to remove the effect of the cause.

I might extend this paper to a much greater length by citing cases from practice; but fearing I have already wearied you, I close by commending a study of pathology to all, especially the younger members of the profession, when treating diseases of females. They will soon learn, as I have, the stupendous influence that uterine disease has upon the general health.

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XXVIII.

MEMBRANOUS DYSMENORRHŒA.

L. A. PHILLIPS, M.D., BOSTON.

THIS painful and obstinate form of abnormal menstruation is, I think, of much more frequent and common occurrence than is generally recognized by physicians, or by the sufferers themselves,—the distinguishing characteristic, *i. e.*, the discharged membrane being, in a large proportion of cases, either entirely unnoticed, or mistaken for a simple blood-clot. Enough *recognized* cases occur, however, to make the subject one of very considerable interest to many of us; and it is one which stands in especial need of thoughtful discussion, because of the absence of definite knowledge, and want of agreement as to either etiology, pathology, or treatment, and because without these, acting, as we must, more or less blindly, we cannot reasonably feel very confident of success in its treatment. I hope, therefore, by bringing the subject before you, to elicit information from all whose experience, observation, or study enable them to give us a ray of light.

It has been generally thought that Membranous Dysmenorrhœa is a *rare* affection; but more careful observers of late are maintaining, that, if we can make or cause to be made sufficiently strict examinations, we shall find many cases of Dysmenorrhœa to be of the membranous variety.

While not confined to married women, it is of much more frequent occurrence among them than among the unmarried. This fact has led some to believe that the membrane was, in a majority of such cases, the *decidua vera* of pregnancy, and the so-called Dysmenorrhœa really an abortion. That this is sometimes the case is undoubtedly true, and it seems to me the greatest care should be taken to separate the two classes of cases; but I find some authors make no such distinction, and even present cases of evident abortion as

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characteristic representative cases of Membranous Dysmenorrhœa. Regarding the etiology and pathology, as I have said, there is no general agreement. The old theory of a croupous or pseudo-membranous exudation, as the result of inflammation, is maintained by some good authorities, both in Europe and in this country. In his recently published work on Diseases of Women, Lawson Tait indorses this theory, and would prefer the term *Endo-Metritis Membranacea*, as better indicating the nature of the disease, and because the discharge of a membrane is not always attended with pain; hence the term Dysmenorrhœa is a misnomer. In support of this theory, he says his observation (which has certainly been very extended) has been that the true mucous membrane of the uterus is only found in cases of sterile married women, or sterile women who ought to be married; while he has never been able to discover a trace of structure in a membrane discharged by a virgin; hence he considers all those presenting such structure to be really cases of menstrual miscarriage; and yet he would not claim his evidence to be sufficiently conclusive to assume that the discharge of the true mucous membrane of the uterus of unmarried women was positive evidence of unchastity. Dr. Hausmann, in 1868, maintained the same position, basing his conclusions upon the examination of specimens furnished by Virchow and Martin; and more recently, in 1876, Dr. Liebman expressed the same opinion. Among the gynæcologists of our own school, I find only Dr. Eaton, of Cincinnati, to adopt the theory of a *false* membrane, resulting from chronic Endo-Metritis. This he does in a recent essay read before the Homœopathic Medical Society of Ohio.

Oldham was the first to discover and proclaim, in 1846, that the membrane of dysmenorrhœa was not simply an exudation-cast of the lining membrane of the uterus, but the lining membrane itself. And this view has come to be very generally adopted at the present time, by leading gynæcologists of all countries; although the occasional rare occurrence of an exudation of false membrane is also recognized;

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but as the exception, not the rule. In controversion of Tait's observation regarding unmarried women, Courty and several others have reported cases occurring in young ladies of unquestionable purity, in which the discharged membrane was demonstrated to be the true mucous membrane. I have here for your inspection a specimen, which, though not a complete cast of the uterine cavity, is as nearly so as is often seen; and it furnishes at least a perfect illustration of the character and structure of the membrane discharged in most cases of Dysmenorrhœa of this type, and is evidently the true mucous membrane of the uterus. I had thought of making a microscopic exhibition of this membrane; but it being of necessity a wet specimen, and therefore incapable of being previously arranged, and as nearly all that can be seen is perceptible without the aid of the microscope, I simply present it as it is.

But if the character of the membrane be agreed upon, the etiology, the question of the primary exciting cause, is not settled. Very few now believe that inflammation-Endo-Metritis is a cause, even though it coexist. But the proposition of Oldham, that the membrane is cast off in consequence of ovarian irritation, is quite generally recognized as applying to many cases, but by no means to all. Congestion, with excessive development of the membrane, because of delayed menstruation, is considered the usual cause by many. The rheumatic diathesis and syphilitic taint are also charged with its production; and Professor Ludlam has maintained that in some cases at least, and he thinks in many, it is due to a repelled cutaneous eruption.

The theory which is now being most generally accepted, and is most rapidly gaining ground among gynæcologists, is that the uterine mucous membrane, which is normally shed by disintegration and escapes as detritus mingled with the menstrual blood, because of some abnormal condition of the tissues or some nervous derangement, becomes hypertrophied and thickened, and, forming thus a mechanical obstruction to the normal menstrual discharge, more or less violent con-

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tractions are induced, which result in the expulsion of the disturbing element. After careful study and observation of a considerable number of cases, I feel confident that this will prove to be the true *pathology* of this disease, whatever its etiology may be. As strengthening this position, I find in the latest English work on Physiology, published this present year, that Dr. John Williams, a prominent gynæcologist, and member of the Royal Society of London, "has brought forward strong evidence in favor of an actual loss of substance taking place in normal menstruation."

According to him, "menstruation is accompanied by a rapid growth and subsequent rapid degeneration of the mucous membrane, down to that layer of muscular fibres which passes among the deeper parts of the uterine glands. The growth and degeneration begin at an abrupt line near the cervix, and spread towards the fundus. The decay lays bare small blood-vessels, from which the hemorrhage takes place." At a meeting of the Obstetric Society of London, not long since, Dr. Cory showed microscopical sections of a uterus taken from a woman who had died of embolism of the pulmonary artery, on the first day of menstruation. Its appearance confirmed the views of Dr. Williams. The mucous membrane was disintegrated in shreds at the lower part of the uterus only, *not* at the fundus. Professor Foster, —author of the Physiology referred to,— says, "It is no more difficult to suppose that the stimulus of the enlargement of a Graafian follicle causes nutritive, as well as vascular, changes in the uterine mucous membrane, than it is to suppose that the stimulus of food in the alimentary canal causes those changes in the salivary glands or pancreas which constitute secretion."

Of the theory which makes inflammation of the uterine tissues the cause of Membranous Dysmenorrhœa, Dr. Williams says, "The inflammation is evidently caused *by*, not the cause of, the membrane." He thinks, however, that there is an undefined abnormal condition of the uterine tissues.

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As is evident from the frequent confounding of early abortion and Membranous Dysmenorrhœa, there is great difficulty in differentiating these conditions when the patient is maintaining marital relations: and only the discovery of the ovum by careful microscopic examination can make us positive that we have to deal with a case of abortion, and not with Membranous Dysmenorrhœa. But by aid of the microscope we can distinguish much more easily between this and blood-casts or fibrinous moulds of the uterus, or diphtheritic exudations, or fragments of exfoliated vaginal mucous membrane, either and all of which are liable to be mistaken for the dysmenorrhœal membrane.

I need spend no time in detailing the symptoms of this disease; they are identical with those of early abortion, as the contractions necessary to the dilatation of the os and expulsion of the contents of the uterine cavity are, in either case, the cause of the oftentimes intense, though sometimes quite inconsiderable, pain.

As to prognosis, all old-school authorities seem agreed that it is extremely unfavorable to cure; though some cases are reported completely cured by them.

Writers upon the subject in our own school take a much more hopeful view. This, however, is not due, I think, to any remarkable difference in the clinical success attained; but rather to that confidence which is inspired by a faith in and knowledge of our ever-reliable guide, "Similia," without which we should be as hopeless as they. On the other hand (if I may be allowed to offer a criticism), there seems to me a tendency among us to an unwarranted confidence, which can only result in disappointment. If we go to the extreme of putting our *sole* trust in this guide, ignoring pathology, clinical experience, and everything else, except symptomatology, we are, it seems to me, very like a mariner who, having learned the value and reliability of his compass, ignores all charts and reckonings, and relies on the compass alone. We wonder at the blindness or obstinacy of those who will not avail themselves of the compass as a guide,

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and are not surprised that a roundabout course and a tedious voyage are common with them, nor that they often drift about in what direction they can only guess, far from the course they proposed following, and frequently, after all this, fail to reach the desired haven. Nor need we wonder if he who looks to nothing *but* his compass, and varies his course for nothing which cannot be seen on the surface, and regardless of the experience of others who have preceded him,—we need not wonder, I say, if he goes upon a rock, and fails as absolutely of reaching the proposed harbor as his compassless brother. (Pardon this digression.)

Of the treatment of this disease, I wish I were able to furnish more satisfactory information. I have been able to gather but little which appears to me of much real value. Thomas defines the position of the Old School pretty accurately, when he says, "Deficiency of knowledge in respect to the etiology and pathology of a disease commonly induces excessive vigor of interference." *Opium*, *Morphia*, *Chloroform*, or *Chloral* for relief of the pain; "alterative" applications to the cervix and uterine cavity; such as *Iodine*, *Nitrate of Silver*, *Nitrate of Potash*, *Per-sulphate of Iron*, or actual cautery; with "Tonics" internally, such as *Iron*, *Quinine*, *Arsenic*, *Strychnia*, and the mineral acids, have constituted their *usual* method of treatment. *Chlorate of Potash* was applied to the uterine mucous membrane by Maudl, with the effect of preventing a recurrence of the membranous discharge, so long as the application was continued every five or six days, but not permanently. Trosseau recommends *Terebinthina*, and Atkinson in his work on the Therapeutics of Obstetrics and Gynæcology speaks highly of *Bromide of Potassium*. Electricity, especially Galvanism, is recommended by many; and Dr. John Williams is of opinion that "it is the only means likely to cure;" he advises the constant current or a Galvanic stem. Dr. W. B. Neftel, of New York, reports complete success in two cases which had been unsuccessfully treated by eminent gynæcologists, by means of the constant current applied, *not* to the cervix or

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uterus at all, but to the spine; a strong current applied to the lumbar prominence, *i. e.*, over the fourth lumbar vertebra, which has been demonstrated to be the seat of the genito-spinal centre, and a weak current at the medulla. He believes the disease to be of a purely nervous origin, and therefore treats it through the nerves only. In our own school there is naturally greater variety of treatment, and more promise of success. In response to a letter of inquiry (which, by the way, I addressed to several prominent gynæcologists), Dr. E. M. Hale kindly writes as follows regarding treatment: —

"It has been my lot to treat many cases. I have found curative the following remedies: —

"(*a*) *Borax* is very important. The dose may range from 5 grs. to 1-100 gr., three times a day, during the month.

"(*b*) *Viburnum* relieves the pain better than any other remedy, and appears to have a preventive influence.

"(*c*) *Iodoform*, 1 gr. twice a day for two weeks before the proper period, will often cure. Lately I have cured two cases by means of Iodoform pencils, 3 grs. each, introduced every five days. Other remedies are *Bromide of Ammonium*, *Caulophyllin*, *Guiacum*, and *Gelseminum*."

Dr. Ludlam recommends the use of the sponge tent as a means of both lessening the pain and removing any obstruction to the free escape of menstrual blood. This, of course, in connection with such therapeutic agents as may seem indicated by the causative or concomitant derangements.

Dr. Eaton says, "In cases of membranous formation, *Phos.* in the 100th potency will cure in many instances."

Lilienthal recommends *Borax*, *Bromine*, *Canth.* *Collinsonia*, *Ustilago Madis*, and *Viburnum Op.* Without referring further to individual opinions,— from all I have gathered from various sources, I conclude that very little can be expected from local applications, except in such cases as are associated with, or are due to, inflammation of the uterine tissues; but though only in a single class of cases have we reason to expect aid from this source, I think

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those who have had such cases to treat will agree that however little it may offer, if that little be reliable, it is by no means to be ignored. I believe the Iodoform pencils of Hale, or those made to my order by Otis Clapp & Son, stand first in importance. Solutions of *Carbolic Acid* or of *Iodine*, as recommended by Eaton, may also be of service. Caustic applications are worse than useless.

The use internally of *Borax*, *Gelsem.*, *Sepia*, *Calc. carb.*, *Bell.*, *Acon.*, *Verat. vir.*, etc., according to indications, should accompany the local treatment. The record of *Borax*, in this class of cases, is better, I think, than that of any other remedy. If ovarian irritation be the cause, as is most frequently the case, the womb should be let severely alone; and such remedies administered internally as are known to act upon these organs and their connecting nerves. Such as *Viburnum*, *Borax*, *Apis*, *Bromine* or the *Bromides*, *Calc. carb.*, *Coloc.*, *Thuja*, *Conium*, etc. I believe that we may also find the Galvanic current, as applied by Dr. Neftel, of decided service in this class of cases. If there is stenosis of the cervical canal, dilatation, as advised by Ludlam or Eaton, is of unquestionable benefit, though not advisable if there be any considerable degree of inflammation present. If a rheumatic diathesis, repelled eruption, or syphilitic taint, be recognized as the origin of the difficulty, such remedies must, of course, be selected as apply to these conditions.

Such, Ladies and Gentlemen, is the result of my gleanings from the very meagre literature, my consultations of various physicians, by letter and otherwise, and my own limited experience and observation of Membranous Dysmenorrhœa. I have not consulted the members of this Society, hoping they would give us all the benefit of their opinions in a free discussion of the subject here and now.

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INDEX.

A.

PAGE

Address of President, W. H. Lougee, M.D. 10

B.

Bennett, H. K., M.D., Treatment of Uterine Displacements, 88

C.

Case from Practice of Dr. Flanders, reported by Stella Manning, M.D. 114
Case of Endocarditis, W. F. Hathaway, M.D. 31
Chamberlain, W. B., M.D., Change of Climate 35
Diet in Typhoid 111
Water Treatment of Typhoid 103
Clinical Case, Chas. Sturtevant, M.D. 59
Coffin, J. L., M.D., Oration 94

D.

Diet in Typhoid, W. B. Chamberlain, M.D. 111
Disinfection, E. U. Jones, M.D. 46
Dress, E. L. Eastman, M.D. 92

E.

Eastman, E. L., M.D., Dress 92
Etiology and Symptoms of Uterine Displacements, Laura M. Porter, M.D. 85

F.

Farnsworth, Chas. H., M.D., Rupture of Blood-vessel in Brain of a New-born Child 66

H.

Hathaway, W. F., M.D., Case of Endocarditis 31
Hydrocele — Radical Cure, J. H. Sherman, M.D. 74

Digitized by Google

I.

PAGE
Incised Wounds, J. K. Warren, M.D. 79
Inflammation of Prostate, R. E. Jameson, M.D. 34

J.

Jameson, R. E., M.D., Inflammation of Prostate 34
Meningitis with Effusion, complicating Measles 65
Jones, E. U., M.D., Disinfection 46

L.

Lougee, W. H., M.D., Address 10

M.

Manning, Stella, M.D., Case from Practice of Dr. Flanders. 114
Meningitis with Effusion, complicating Measles, R. E. Jameson, M.D. 65

O.

Obesity, J. H. Sherman, M.D. 113
Observations on Tubercular Meningitis, D. B. Whittier, M.D. 22
Officers of Society for 1881–82 70
On the Uses and Abuses of the Probe, I. T. Talbot, M.D... 75
Oration, J. L. Coffin, M.D. 94

P.

Porter, Laura M., M.D., Etiology and Symptoms of Uterine Displacements 85

R.

Report of Annual Meeting, April 13, 1881 3
Semi-Annual Meeting, October 12, 1881 71
Committee on Homœopathic Insane Hospital 81
Richards, W. E., M.D., Suppressed Malaria 32
Rupture of Blood-vessel in Brain of a New-born Child. C. H. Farnsworth, M.D. 66

Digitized by Google

S.

PAGE
Sherman, J. H., M.D., Obesity 74
Hydrocele — Radical Cure 113
Sturtevant, Charles, M.D., Clinical Case 59
Sulphur in Disturbed Sleep of Children, A. H. Tompkins, M.D..... 60
Suppressed Malaria, W. E. Richards, M.D. 32

T.

Talbot, I. T., M.D., On the Uses and Abuses of the Probe.. 75
Tompkins, A. H., M.D., Sulphur in Disturbed Sleep of Children 60
Treatment of Uterine Displacements, H. K. Bennett, M.D... 88

W.

Warren, J. K., M.D., Incised Wounds 79
Water Treatment of Typhoid, W. B. Chamberlain, M.D. .. 103
Whittier, D. B., M.D., Observations on Tubercular Meningitis 22

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PUBLICATIONS

OF THE

MASSACHUSETTS

HOMŒOPATHIC MEDICAL SOCIETY.

1881.

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PROCEEDINGS

OF THE

FORTY-FIRST ANNUAL MEETING,

APRIL 13, 1881.

THE Forty-first Annual Meeting of the Massachusetts Homœopathic Medical Society was held in the Meionaon, Tremont Temple, Boston, on Wednesday, April 13, 1881, and was called to order at 10.30 A.M., by the President, W. H. LOUGEE, M.D., Lawrence.

Records of meetings of the Executive Committee were read and approved. The records of the semi-annual meeting of 1880 were not read, as they had already been printed.

The following were elected to membership: —

H. C. BARTLETT, M.D., Lyndon, Vt.; CLARENCE H. LELAND, M.D., Lowell; STELLA MANNING, M.D., East Somerville; WALLACE C. STRATTON, M.D., Milton; OSMOND J. TRAVERS, M.D., North Brookfield.

The Committee appointed to consider the question of reducing the annual dues reported as follows: —

Your Committee, having carefully considered the subject, recommend that for the present there be no change in the annual assessment.

Respectfully submitted.

H. C. CLAPP,
H. L. CHASE,
H. K. BENNETT,
Committee.

Report accepted.

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The Treasurer, H. C. CLAPP, M.D., of Boston, submitted the following report: —

Cr.

By Cash in Treasury, April 14, 1880	$159 15
" collected of members during the year	960 00
Total	$1,119 15

Dr.

To Cash paid T. J. Hutchinson, for printing	$246 27
" " Jonathan Perley, for binding	93 75
" " William Tufts, April lunch	70 00
" " " " October lunch	62 50
" " for rent of Wesleyan Hall (April)	15 50
" " " " Y. M. C. U. Hall (October)	25 00
" " American Bank Note Co., 50 diplomas	50 00
" " Henry Mitchell, seals and boxes	18 75
" " Treasurer's expenses during the year	15 25
" " H. A. Chase, expenses as Secretary	40 62
" " N. R. Morse, " " "	96 10
" " " Milwaukee circulars	9 25
" " for advertising meetings	8 93
	$751 92
Cash balance, April 13, 1881	367 23
	$1,119 15

H. C. CLAPP, *Treasurer.*

I have examined the Treasurer's accounts, and find them correct.

J. T. HARRIS, *Auditor.*

BOSTON, April 13, 1881.

Both reports were accepted.

REPORT OF COMMITTEE ON CLINICAL MEDICINE.

Paper by D. B. Whittier, M.D., of Fitchburg, on Tubercular Meningitis. (II.)

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Discussion : —

Dr. H. C. CLAPP, Boston, said that the cause of tuberculous troubles may often be found in the diet of children, whether natural or artificial. Tubercular disease exists in cows, and has been produced in them by artificial means. Investigations are now going on in Europe, and will undoubtedly lead to good results.

Dr. JONES, Taunton, asked if any constituent of milk contains tuberculous matter. Dr. CLAPP said that nothing has been found.

Dr. SCOTT, Lawrence, asked if it necessarily follows that cheap milk is from diseased cows. Dr. CLAPP thinks that poor quarters and poor feed have an influence on milk; cheap food enables the owners of cows to sell the milk at a low price. Many of these cows are found full of tubercles.

Dr. MORSE, Salem, asked if the food known as Ensilage produces poor milk.

Dr. Ross, Revere, asked if the length of time a cow has been milked makes any difference. Dr. FARNSWORTH, East Cambridge, has had a cow milked for two years, and children have thrived on the milk. The milk was rich, and was taken without adulteration. Actual experiment is the only test. He believes in giving clear milk. Thinks the tubercular tendency may be overcome by sufficient nourishment.

Dr. JONES thinks that Alderney milk is the best, inasmuch as chemical analysis has shown that it closely resembles mother's milk; other kinds of milk may disagree. As to the experiments on animals, he thinks that the cows are put in a bad condition from the very fact of the experiment. Thinks that indigestion precedes tubercular trouble.

Dr. CLAPP said that, in the experiments, two lots of

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animals were put in exactly the same condition as to surroundings, etc.; the lot to which tubercular milk was given were affected, the others were not.

Dr. CHAMBERLAIN, Worcester, thinks that the change from a farrow to a new milch cow is disadvantageous. Thinks that in the artificial feeding of children, the diet often has to be changed many times before the exact thing is found; mentioned a case where the diet was changed fourteen times in thirty days.

Dr. TALBOT, Boston, disputes that Alderney is like mother's milk; any milk, even the poorest, will make more cream than the best mother's milk. He lets milk stand in a deep dish three or four hours, pours off the upper third, and uses the middle third diluted. Thinks highly of goats' milk. Some children cannot take any kind of milk; such require a meat diet, or farinaceous food.

Dr. CUSHING, Boston, asks if there is not as much danger in changing from a new to a farrow cow as *vice versa*.

Dr. WALKER, Chelsea, prefers mixed milk from a reliable source.

Dr. STURTEVANT, Hyde Park, thinks the prejudice against mixed milk is unfounded.

Dr. WOODVINE, Boston, prefers mixed milk.

Dr. Ross prefers one cow's milk if it is carefully selected.

Discussion closed.

Paper on Endocarditis, by W. F. HATHAWAY, M.D., Weymouth. (III.)

Paper on Suppressed Malaria. W. E. RICHARDS, M.D., Boston. (IV.)

Inflammation and Induration of Prostate. R. E. JAMESON, M.D., Jamaica Plain. (V.)

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The President, W. H. LOUGEE, M.D., Lawrence, next delivered the annual address; subject, — "Functional Diseases." (I.)

At 1 P.M., Society adjourned for lunch.

AFTERNOON SESSION.

Called to order at 2 P.M. First business was the election of officers, which resulted as follows: —

President, J. T. HARRIS, M.D., Boston; *Vice-Presidents*, A. J. FRENCH, M.D., Lawrence; H. E. SPALDING, M.D., Hingham; *Corresponding Secretary*, R. E. JAMESON, M.D., Jamaica Plain; *Recording Secretary*, H. A. CHASE, M.D., Cambridgeport; *Treasurer*, H. C. CLAPP, M.D., Boston; *Librarian*, M. P. WHEELER, M.D., Dorchester; *Censors*, E. P. COLBY, M.D., Wakefield; WALTER WESSELHOEFT, M.D., Cambridge; LEWIS WHITING, M.D., Danvers; E. P. SCALES, M.D., Newton; H. L. CHASE, M.D., Cambridgeport.

Dr. BENNETT, Fitchburg, offered the following resolution: —

"WHEREAS, It is said that homœopathic physicians and others often approve of their patients calling in clairvoyants to aid, by their manipulations and quackery, in the cure of disease, therefore, —

"*Resolved*, That the Massachusetts Homœopathic Medical Society hereby affirm entire disapproval of such partnership with clairvoyants in any of the wide homœopathic fraternity."

Referred to Drs. JONES, FRENCH, and TALBOT.

This Committee afterwards reported that, in their opinion, the adoption of this resolution was unnecessary and inexpedient. The report was accepted, and the resolution was not adopted.

E. H. LINNELL, M.D., Norwich, Conn., was present as a delegate from the Connecticut Homœopathic Medical Society. He extended the greeting of that society.

Committee on Obstetrics made no report.

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COMMITTEE ON CLIMATOLOGY.

Paper by W. B. CHAMBERLAIN, M.D., Worcester. Change of Climate: When and Where to Go. (VI.)

Paper by E. U. JONES, M.D., Taunton. Disinfection. (VII.)

Dr. TALBOT, Boston, offered the following resolution: —

"WHEREAS, In the opinion of the Massachusetts Homœopathic Medical Society, the time has fully arrived when the benefit of homœopathic treatment should be extended to those inmates of the State Insane Asylums who desire it, or for whom it may be desired by their friends; therefore, —

"*Resolved*, That a Committee of Seven be appointed by this Society, with full powers to devise such means and adopt such measures as they may deem expedient to secure this result."

Adopted, and the following Committee appointed: —

I. T. TALBOT, M.D., Boston; SAMUEL WORCESTER, M. D., Salem; J. HEBER SMITH, M.D., Melrose; H. C. CLAPP, M.D., Boston; W. B. CHAMBERLAIN, M.D., Worcester; A. J. FRENCH, M.D., Lawrence; D. B. WHITTIER, M.D., Fitchburg.

The Committee appointed to consider the proposed amendments to the By-Laws reported in favor of adoption. After some discussion, the amendment in regard to election to membership was rejected. That in regard to exempting Recording Secretary and Treasurer from the payment of annual dues was adopted.

COMMITTEE ON DISEASES OF CHILDREN.

Papers as follows: —

Clinical Case. CHARLES STURTEVANT, M.D., Hyde Park. (VIII.)

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Sulphur in Disturbed Sleep of Children. A. H. TOMPKINS, M.D., Jamaica Plain. (IX.)

Meningitis with Effusion Complicating Measles. R. E. JAMESON, M.D., Jamaica Plain. (X.)

Death from Rupture of Bloodvessel in the Brain, and Effusion, occurring in a New-born Child. C. H. FARNSWORTH, M.D., East Cambridge. (XI.)

On motion of Dr. N. R. MORSE, of Salem, a Committee on Necrology was appointed, consisting of Drs. N. R. MORSE and T. F. SCALES, Woburn.

The following amendments to the By-Laws were offered: —

1. By Dr. MORSE, Salem, to Article XVII., by addition of the following: —.

"All members in good standing, who shall have paid their annual dues for twenty-five years, consecutive or otherwise, shall attain the rank or title of life-membership, and shall be entitled to all the privileges of the Society, but shall be exempt from the payment of the annual assessment."

Referred to Drs. N. R. MORSE, DAVID THAYER, and J. HEBER SMITH.

2. By Dr. CLAPP, Boston, to Article XVII., to insert after the word "meeting," the words "and his having signed the application for membership shall be considered equivalent to an agreement to abide by the By-Laws," the words at present following the word "meeting" to be stricken out.

Referred to Drs. CLAPP, J. HEBER SMITH, and WHITTIER.

Adjourned at 4.30 P.M.

HERBERT A. CHASE,
Recording Secretary.

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I.

PRESIDENT'S ADDRESS.

W. H. LOUGEE, M. D., LAWRENCE.

FELLOW MEMBERS: — The By-Laws of this Society make it obligatory upon your presiding officer to deliver an address at its annual meeting. In my effort to fulfil this obligation, I have selected for a subject upon which to offer a few remarks,— "Functional Diseases." I have not undertaken the task without fully understanding the difficulty which lies before me, therefore my greatest effort will be to present the subject to you in such a manner as to stimulate your study of the physiological action of the nervous system, as also its pathological condition in disease, that you may be better qualified to assist in the important work of developing a corresponding class of neuro-therapeutics.

Before advancing further upon this subject it will be better first to understand quite fully the influence of the nervous system upon the smallest divisions of matter in the human system, and this can be done in no better way than to lay before you the conclusions of the prominent biologists and physiologists of the present day; which are, that when we reduce the human system, with all its wonderful mechanism, its power of mind and strength of body, to its simplest elementary parts, we find these to consist of bioplasm and protoplasm. As biologists have decided that the Amœba is the simplest form of living matter into which the animal organization can be resolved, I shall use the Amœba as representing elementary forms of living matter. The Amœba closely represents the white corpuscle of vertebrate blood. They are wholly or almost wholly composed of undifferentiated protoplasm, in the midst of which lies a nucleus, though this is not always present. By flowing

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round the substances it meets, it swallows them, digests what is suitable for food, and rejects the rest. The history of the existence, the life, and the death of the Amœba, shows that it contains vital properties. It is contractile, irritable, and automatic. It is receptive and assimilative. It can take food, digest and assimilate it, thereby converts dead matter into new, living protoplasm. It is metabolic and secretory; with the reception of new material there is going on an ejection of old material; that which is retained for the development of new protoplasm is called secretion; that which is thrown off as waste matter is called excretion.

The energy expended in the movements of the Amœbæ is supposed to be chemical. It is respiratory, for it takes oxygen and excretes carbonic acid. It is reproductive, for while it exists as a unit, it possesses the power of dividing itself into many other Amœbæ, each of which possesses the same power as the parent Amœba. There seems to be some difference of opinion among biologists as to whether these Amœbæ divide in the nucleus, or in the protoplasm, or in both. Practically it makes but little difference which way they divide, therefore we will not sum up evidence on either side. In tracing out the morphology of the protoplasm, we find the animal body to be wholly composed of groups of Amœbæ. Groups of Amœbæ form tissues which contain certain characteristics, one group forming muscular tissue, while another group forms nerve tissue, and so on until the system is complete. While the Amœba is susceptible to influences from without, yet it has a will of its own, and is capable of executing movements entirely independent of outside influences. Next is the division of the automatic cell into two cells, of which one confines itself to the simple development of impulses as the result of stimulation, while the other performs the labor of automatic action and the transformation of the impulse generated in itself. These two divisions are termed motor and sensitive nerve cells. Most of the work performed by the automatic cell is reflex action, and would naturally be withdrawn from

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the surface of the body, while the other, the sensitive cell, would naturally remain on the surface of the body, so as to be readily affected by the outside world. We thus find the arrangement of the nervous system to consist of a sensitive cell on the surface of the body connected by means of a sensory nerve with the internal, automatic, central nervous cell, which in turn is connected by means of a motor nerve with the muscular fibre cell.

Beal, Stricker, Schultz and Tyson have separately demonstrated that these spiral and straight nerve fibres follow the arteries in all their branches in a peculiar manner, permeating and entwining themselves through the walls and in the coats of all vessels except the capillaries. When we realize more fully that every part of the human system, from the smallest cell up to the largest organ in the system, is under the immediate and constant control and guardianship of the nervous system, so that the slightest touch upon hand or foot will cause a temporary suspension of blood corpuscles coursing through distant capillaries, we are better prepared to understand and treat molecular disturbances, which are gaining such prominence in the pathological developments of the present day. The only symptoms to be recognized in many diseases are the changes in the degree with which certain organs perform their functions, no new element having been introduced into the category of vital action. Function is a correlated force, it is the manifestation of the life of the structure. In this manifestation the structure itself undergoes change, it is wasted and repaired, and so long as the waste does not exceed the repair, there is integrity of tissue, consequently no disease. So when we understand that there cannot be altered function without a correlated change in nutrition, we can begin to understand the importance of maintaining an equilibrium of action throughout the whole system, if we would maintain the system at the highest standard of health. The great advance made in medical science within the last quarter of a century has pretty effectually done away with

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the idea that disease first exists in the blood, after which its influence is felt upon the nervous centres, and then the system in general. Physiological Chemistry shows that disease is first a disturbance in molecular action, the equilibrium between nutrition and waste is disturbed for several days before the disease germ, or the waste which follows severe attacks of sickness, is discoverable in the blood. This would be a strong argument in favor of disease first existing in the protoplasm, rather than in the fluid which nourishes it. This fact would seem to increase the importance of a thorough knowledge of functional disturbances. It has been too often the case that we treat too lightly disturbances in the human system which are only functional, and attach importance only to those diseases which are structural. But, oftentimes, functional diseases are of more importance than structural, because the disturbance occurs in the very centre of life,—the Amœba.

In order to better understand the diseases which result from depression or over-excitement of the nervous system in part, or as a whole, we must first understand the different nervous systems and their offices, also the different ganglia and their functions. Each ganglion is in fact as much a nerve centre as brain or spinal cord. Each ganglion seems to have functions to perform, independent of brain or spinal cord, so far as originating or transmitting impressions by the organ over which it presides. Therefore, in order to clearly understand how to increase or depress the functional activity of any organ, or set of organs, or area of the body, we must understand what ganglion presides over that area. It will not be necessary for me to mention all the different sets of nerves, or ganglia, with their special functions, to have you understand the object of this paper, but only to mention a very few typical ones. The first to which we invite your attention for a few moments is that centre which presides over respiration. It now seems very clearly established that there is an automatic respiratory centre in the medulla oblongata. The afferent impulse, which, under

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ordinary circumstances or conditions, would, on reaching an automatic nervous centre, give rise to movements, may, under certain conditions, when brought to bear upon an automatic nervous centre, stop or check movements by preventing efferent impulses. This interference with efferent impulses is called inhibitory action. This inhibitory action, which is sometimes plainly visible, would seem to originate in that portion of the medulla between the centre of afferent and efferent impulses. The importance of thoroughly understanding this respiratory centre, and the best means of affecting it, will be better appreciated when we understand more fully the great influence which respiration has upon the circulation of blood through both the arterial and venous systems. When we shall have acquired the knowledge how to regulate the force of the circulating current by means capable of stimulating or depressing the action in the respiratory centre, we shall have gained a point which will be invaluable in the treatment of functional disturbances. To accomplish this it does not follow that we must assume that the respiratory centre is wholly automatic, nor wholly dependent upon afferent impulses for its action. Experiments prove beyond a doubt that respiration depends upon both the automatic action of the cells comprising the centre, and the stimulus imparted to the centre cells by the afferent impulses, and so long as the rhythm is not disturbed we have normal respiration. But when this rhythm becomes disturbed by some centric cause, and overpowers the afferent impulse approaching the respiratory centre through the vagi, thus producing inhibitory action in the vagi, then it is that the physican should be able to step forward armed with a remedy capable of quieting this undue excitement in the respiratory centre, allow afferent impulses to approach it, and efferent ones to depart from it, and thus restore again the respiratory rhythm.

Some six years ago, while waiting on a lady in her confinement, I noticed that after several hours of severe labor her respiration began to change, and that after every pain

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her respiration became slower and slower, until I feared fatal results from paralysis of the pneumogastrics. The countenance had greatly changed, eyes were staring, face livid, lips purple, hands cold, pulse slow and feeble. Ordered stimulants given freely, and proceeded to deliver with forceps, without any special regard as to any results except the emptying of the uterus in the quickest possible time. When delivery was accomplished, patient was cold, pulseless, and respiration had so nearly ceased that we believed the patient dead, but we kept up our exertions by stimulating, rubbing, applying heat, and giving her, when able to swallow, *Digitalis*. These efforts were rewarded by the return of respiration and general warmth to the body. To my mind this was a case where the inhibitory action came so near paralyzing the vagi, that life was greatly endangered. The exciting cause of this inhibitory action was to be found in the automatic cells in the respiratory centre, which had been aroused by the powerful contractions of the uterus through the sympathetic system and its filaments, so that when the afferent impulses reached it through the vagi it could not send out motor impulses, consequently, through this inhibitory action, the vagi became well nigh paralyzed, so far as being able to produce healthy respiration. Had we then been in possession of a remedy capable of quieting excitement in this respiratory centre, the situation would not have seemed so critical.

We will now ask your attention for a few minutes while we consider the influence of the nervous system upon the action of the kidneys. It is an established fact that the amount of fluids and dissolved substances which passes through membranes, depends largely upon pressure; therefore the discharge of urine by the kidneys must be the result of pressure, and the amount of urine excreted must depend largely upon, or correspond to, the amount of blood pressure in the renal artery. The governor which presides over the dilatation and contraction of the bloodvessels is the vaso motor nerves, therefore the sup-

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ply of blood to this or that organ or area of the body may be influenced by stimulating or depressing the automatic centre of the vaso motor nerve which supplies the organ or area. It has been demonstrated that when the blood pressure falls below a certain standard secretion of urine ceases altogether. This fact should stimulate us as physicians to search out the nervous centre or centres which have the greatest influence in regulating the blood pressure in the renal arteries, and then to ascertain what remedies or other means, acting through this centre or centres, are capable of increasing or diminishing the blood pressure in the renal arteries. It may be possible to accomplish this object through more nerve centres than one. In proportion as you paralyze the renal nerves you increase the secretion of urine by dilating the bloodvessels in the region of the kidneys, and especially stimulating the splanchnic diminishes the flow of urine; while a section of these nerves increases the flow of urine, a section of the spinal cord below the medulla oblongata lessens or almost entirely suspends the secretion of urine. What we most need to understand is, what drugs or other influences are capable of acting directly upon the motor nerve centres, thereby regulating the blood pressure in the region of the kidneys, and also the amount of force or power necessary to be applied to stimulate impulses or to quiet over-excitement in these centres, when already existing. This knowledge, when attained, will mark a new era in the management of functional diseases of the kidneys, and afford our only hope of relieving suffering, and prolonging life in structural diseases of the kidneys. We will illustrate the importance of this knowledge in practice. For instance, we have a severe case of typhus which has nearly reached its acme, and so far the kidneys have performed their functions with great regularity, but now the medulla oblongata has become involved, and is steadily growing worse until the amount of disturbance of the principal motor nerve centre which regulates the pressure of blood in the region of the kidneys is so great as to almost produce anuria, and,

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what is still worse, uremic intoxication. If the blood pressure in the renal arteries cannot again be restored, and the secretion of urine again re-established, our patient must die from uremic poisoning. What we ought to be able to do in a case like the above is perfectly clear, but just how to do it is not quite so clear now as it will be in the future. We know we must increase the blood pressure in the renal arteries, re-establish the secretion of urine, and thus allow the blood to free itself of waste matter.

The influence of the nerves over the normal and abnormal action of the kidneys is a subject demanding thought and scientific experiments with drugs and all other means known to effect, through the nerve centres, the functions of the kidneys.

According to the experiments of Rutherford, the stomach receives its stimulus to secrete healthy gastric juice from the vagi; but the inference is, and it seemes well grounded, that it must be in the central end of the vagi, for stimulating the peripheral end of the vagi produces no effect. Therefore it appears that the afferent impulse ascends the vagi, while the efferent impulse descends through the sympathetic.

This fact will become of much greater importance to the physician, when we come to understand more fully that almost all dyspepsias arise from some disturbance of the afferent impulses while on their way through the vagi to the vaso motor centre in the medulla, which governs, through the sympathetic, the gastric bloodvessels. Here, as well as in the kidneys, you will readily understand that without being able to regulate the blood pressure in the region of the stomach, there is but little we can do of benefit to our patients. In my judgment, our knowledge of drugs, which are capable of doing this, is too limited; Neuropathy has not become so far advanced in its therapeutics as in its physiology, etiology and pathology; therefore it seems to me that to our school of medicine the work of selecting and classifying these remedies has been most fittingly as-

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signed. And why should we not be able to do this work better than any other school of medicine? Have we not been trained from the very development of the law, which is the guiding-star of every homœopathic physician, to the work of individualization? And does not that kind of training better educate the faculties for the work of observation and classification than when only taught to generalize? Therefore I feel that we have a special work to perform, in regard to establishing neuro-therapeutics upon a scientific basis. Without the establishing of neuro-therapeutics upon a scientific basis, there can be no marked success in treating diseases of the nervous system. When most of our remedies were proved, pathology was in its infancy, chemical analysis of the blood unheard of, zoo-chemical analysis a thing of the future, and the physiological action of the different nervous systems was unknown. The great advance made in these different departments of medical science not only necessitates, but the honor of our school of medicine demands, a reconstruction of our neuro-therapeutics. For one, I realize that they are deficient; therefore, fellow-members, I hope that for the next few years, at least, you will devote your energies to the study of the nervous system and its needs.

It is important that we study this subject in all its bearings, because it so affects the health and happiness of the American people. Diseases of the nervous system are to afflict us, as a people, much more in the future than they have afflicted us in the past; and already we have suffered more than any other nation in the world from nervous diseases. Dry air is known to produce extraordinary evaporation or exhalation from the human body, and nowhere outside of extreme heights do we find a country with so dry an atmosphere as America. We get a better idea of its influence upon the human system, when we know that it takes only two generations to transform a phlegmatic Englishman mentally and physically into a nervous, energetic, wizened American.

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You may prefer the charge of partiality against me, by claiming that my remarks are intended more for the younger members of this society than for the older and more honored members. If so, I shall plead guilty to the charge, and bring for my defence the old and trite saying, "Old men for counsel, young men for war"; which, with a medical interpretation, means that old physicians are, perhaps, the best judges of what is good and practical in the past discoveries made in medical science. This would seem most natural and proper, for the young practitioner has not had the time necessary to test the different theories in vogue and apply them in practice. Therefore, for the best judgment upon the different theories which have been spinning out of the busy brains in the medical world for the last century, we would naturally turn to the physician whose locks have become whitened in the study and application of these theories in practice. For one, I believe in looking for truth everywhere; and, as truth is the highest thing in the world, in grasping it wherever we find it. Nothing in science is exclusive; therefore, when thought stirs a ripple upon the ocean of one's mind interested in and actively engaged in searching after the key with which to unlock the rich storehouses of knowledge contained in nature, art, and the sciences, the world is to be benefited, whether the result be a success or a failure.

But for the competition of ideas, truth would never be attained in any of the sciences. Therefore, when we come to the aggressive work in medical science set apart for every generation, to whom can we turn with the greatest assurance that the work will be done, and well done, if it be not to the younger members of the profession? In my judgment, we should expect most in aggressive thought from the younger members; for it is at this age of man that visualizing, a faculty too much neglected, is developed and trained for its most effectual work. A thought in such a mind not only creates an idea, but, as quick as thought, theories are formed, systems projected; in other words, the end

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is seen from the beginning. It is a fact which cannot easily be denied; and we repeat it, not for the discouragement of the advanced, but for the encouragement of the advancing, that it is seldom that any great or important discovery is made by a man past fifty. Therefore, if the younger members of the profession hope to win distinction in the future, they must train their mental faculties to close and vigorous thinking. Their visualizing faculties must become trained and developed early in life to forecast the future; for only in this way can they divine the tendency of medical thought, which is the precursor of medical science. When the younger portion of this society shall become so aroused, can there be any doubt that there will soon be large accessions to our knowledge in the fields of pathology and neuro-therapeutics, which shall render invaluable assistance to the general practitioner in the diagnosis and treatment of functional diseases? There may be those of our number who would discourage the young practitioner in his search for pathological knowledge sufficient to enable him to make a correct diagnosis; but, for one, I hope every student of medicine in our ranks will strive first of all to become a good diagnostician. Welcome all physicians as peers, but allow no one to become your superior in the knowledge of the diseases which afflict the human family. In order to understand the great revolution which is going on in the medical world, in regard to functional diseases and their treatment, one must understand the first cause of the functional disturbance going on in the Amœbæ. Then, with a reliable knowledge of the drug action upon the same nerve centres, one might be able to select quite readily a remedy capable of stimulating or depressing that very centre; thus enabling the physician to readily, and before changes in nutrition have taken place, control the functional disturbance in an organ or an area of the body. Some of the finest experiments in physiology have demonstrated the truthfulness of one very important feature of Homœopathy, viz.: that a light stimulus will

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quicken the action of a nerve centre, while a more powerful one will paralyze it.

It would afford me great pleasure, fellow-members, had I the time, to speak to you of my own experience in the treatment of nervous diseases from this standpoint, demonstrating to you the power of heat, cold, electricity, and drug action, in controlling diseases through their influence in controlling blood pressure by their action upon either their peripheral or centric ends; but I have thought best to shape my remarks in the manner presented, that we might solicit thoughts, observations, and experiments upon functional diseases, and their best methods of treatment, from every member of this society. Then we shall have a very much larger number of observations and experiments from which to formulate a set of neuro-therapeutics.

May we not hope that, in our study and researches into functional diseases and their treatment, our minds and our thoughts shall be stimulated by the same inspiration which so long characterized the noble efforts, in the field of science, of two of the world's greatest chemists,—Wöhler and Liebig? And shall we not hope that all our efforts to advance the science of medicine shall be characterized by the same unselfish love for *truth* as that which made the name of Samuel Hahnemann immortal?

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II.

OBSERVATIONS ON TUBERCULAR MENINGITIS.

D. B. WHITTIER, M.D., FITCHBURG.

THE abnormities in this disease recognized as departures from its formulated course are so numerous, so diverse in nature and appearance, so often obscure and varied in character, that its diagnosis from symptomatology alone is most uncertain, and pathological conditions cannot be determined, with any degree of certainty, except from post-mortem revelations.

The insidiousness of the approach of Tubercular Meningitis, and the fact that the symptoms are so closely analogous to affections of an entirely distinct character, often mislead the closest observer and the most skilful diagnostician. It is generally conceded, in this dreadful disease, that only in the initial period is the successful employment of remedial means possible. If the prodromal stage is passed without discovering its true character, and the remedies most effective for it are not applied, and its progress is not arrested, the fearful sequences will not be averted, and nothing but a fatal termination can be looked for. The important object, therefore, to be gained by the physician is an accurate differential diagnosis in the incipient stage, on which an effective course of treatment can be based. The certainty of accomplishing this is far from easy, and often impossible, for it frequently occurs that the symptoms are so obscure and perplexing that the most rigid investigation will only awaken a suspicion of their true character, or they may be so exceptional and diversified as to defy a proper interpretation of them, and compel the physician to discount their value to such an extent as to consider them illusory and untrustworthy; or there may be an absence of *all* ordinary symptoms, and a consequent dispelling of all

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apprehension of tubercular development, or meningeal disease. If, then, the symptoms of this stage are not all excluded as misleading, what remain do not enable the physician to derive sufficient information, so that a truthful revelation of the existing pathological state is conveyed to his mind, until the disease has developed into what is classed as the second or third stage. The disease is consequently beyond arrest. In my estimation, this is one of the hardest problems that is presented to the physician's mind for solution. To be able to determine whether this or that class of symptoms are genuine or spurious, and to differentiate between the few indications that are really significant of this malady, and the numberless affections which simulate it, is an accomplishment that is seldom attained even by long experience. Thus we see that the diagnosis of tubercular troubles in childhood is extremely difficult. There are no certain, invariable characteristics whereby we may identify the disease as in adult life. There is neither hemorrhage, sputa, sweats, nor pronounced symptoms involving the respiratory organs; the apices of the lungs are free, and no characteristic temperature curve is present. The most striking, and frequently the *only* objective indications, are the gradual loss of flesh without intestinal catarrh; the atrophic skin, marked cerebral expansion, and enlarged cervical glands. But in *infancy* we are deprived of even these limited evidences to guide us.

In illustration of the facts presented, and those that are to follow, I offer the record of the case of my son, Lucius B., aged six years, four months: He was of sanguine temperament, light hair, and blue eyes. He was attacked with pronounced symptoms of gastric fever. In the first week of sickness his pulse averaged 100°; the temperature remained pretty constant at 103°. There was great thirst, with desire for small draughts of cold water; dry, burning heat of body, which could not be mitigated by medicines, or the application of cold water. One or both checks were flushed and hot; hands hot and dry; respiration accelerated, but

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regular; tongue dry, and thinly coated; appetite capricious. He would call for food, but, when brought, was satisfied with only a taste. He was sometimes petulant, was troubled with slight photophobia; the pupils were moderately dilated, and the intellectual faculties apparently normal.

A sense of fatigue was a most prominent and constant symptom during his sickness. "I am so tired," was his oft-repeated complaint. When pressed with frequent inquiry, he would not admit the existence of pain or bad feeling in the head, but, when rising, he would appear dizzy. His reply was promptly in the negative as to having received any injury on the head or about the spine during his sports, or by other accident. Considering the amount of heat and thirst present, he slept well nights. The urine was slightly decreased in quantity, and deeper in color than normal.

The foregoing symptoms continued with slight change for one week. It will be seen that he passed through what corresponds to the primary stage of this disease without presenting symptoms of cerebral disturbance, or sensory implications, not met with in a large number of diseases of a febrile character. There were none of the characteristics of the Tubercular Meningitis present, nor any decided manifestation of meningeal inflammation, acute or chronic. The development of what would be considered the second stage of this disease was now manifested sufficiently in cerebral congestion to justify a suspicion that the phenomena might originate from meningeal trouble. The temperature gradually decreased to 100°, but soon became fluctuating, varying from one to two degrees a day, until the last four days of life, when it became stationary at 100°. The pulse now diminished in force and rapidity for the first few days, but subsequently exhibited a great irregularity not in correspondence with the temperature. It ranged from 75° to 140°, and then remained high until death. Respiration was accelerated, ranging from 35° to 50°. A cloudiness of the intellect, with occasional paroxyms of delirium, indicated approaching dementia. Until the termination of the

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second stage, the pupils were equally dilated; they then became unequal, and, connected with symptoms of progressive divergent strabismus of the left eye, grating of the teeth, yawning, deepening stupor, and suffusion of the eyes, indicated right-sided cerebral oppression and ventricular effusion, a probable result of meningeal disease. Of the physicians in attendance, and those who saw the case, only one was able to diagnose cerebral tubercle, and he based his opinion on the statement of Dr. West's observation in hospital practice, that most children who died of meningitis were tubercular, as shown by post-mortem examinations. The phenomena of the paralytic stage exhibited no material change from the ordinary course. An autopsy was made by Drs. Mellus and Bennett, of which the following is a digest: —

We found hyperemia of all the meningeal vessels, most marked upon the right side. The meninges, both at the base and convexities, evinced unmistakable signs of active inflammation. The two layers of the arachnoid were so firmly held together by adhesions throughout the entire longitudinal fissure, that it required considerable force to separate them. The pia-mater was considerably thickened at the base of the brain, and was thickly studded with miliary tubercles on both sides of the longitudinal fissure. In the neighborhood of the pons and medulla it was opaque, and of a yellowish hue, probably resulting from suppuration. The optic commissure was fully as large as an ordinary sized lead-pencil. When the brain was removed, a large amount of bloody serum escaped, but could not determine whether the blood was present, on account of rupture of superficial vessels at the time of the autopsy, or not. The serum in the ventricles was entirely free from blood; the quantity in the ventricles and sub-arachnoid spaces amounting to about four ounces in the whole. There was one large tubercle at the base of the brain. The brain substance was almost divested of blood, and the septum lucidum softened and somewhat broken down. Microscopical examination

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distinctly verified the large deposit, recognized by the eye, as tubercle. The weight of the brain was 52½ ounces.

As a guide to diagnosis in this disease, the more constant and prominent symptoms laid down by authorities, (with allowance for such modifications in their absence, varying appearances and intensity, as experience suggests,) may be thus briefly enumerated. The *mode* of *invasion*, headache more or less intense; the hydrocephalic cry, rolling of the head, photophobia, vomiting, retracted abdomen, constipation, slow and intermittent pulse, with marked irregularity, great dissimilarity between temperature and pulse, and moderate fever. None of these symptoms were present in this case, except the constipation, and those referring to the temperature and pulse, the two latter presented in the second stage. No diagnostic value could be attached to the constipation, since it had been a constant condition from early infancy, caused by entero-colitis.

Previous History.—At birth there were positive evidences of healthy development, with the exception of a condition at the anus resembling fissures, with rectal protrusion at defecation, which might be considered as local defects. The child was plump, firm in flesh, and weighed 8 1-2 lbs. The attempt of the child to nurse produced entero-colitis, after which nutrition was inadequately supplied by various farinaceous foods, and diluted condensed milk. Until he was two years of age he was ill-conditioned and in very precarious health, suffered from intestinal diseases, whooping cough, and other infantile complaints productive of mal-nutrition. But at this period his system underwent a favorable change by the supply of solid aliment. He became firm in body, buoyant in spirits, and gave such encouraging evidence of gradual healthy mental and physical development as to afford fair promise that any acquired susceptibility to tubercular disease would be successfully overcome. This favorable condition continuing through subsequent years, so nearly allayed my solicitude of previous apprehended danger, that my endeavors to ward it off naturally slackened.

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There were only two remaining symptoms that would indicate brain disturbance or disease. These were objective: viz., priapism, and occipital enlargement of the brain, and I hopefully looked that they would be overcome by remedies and continued development. The frequent recurrence of a capricious appetite, and dyspepsia at short intervals, of wasting flesh and lassitude, a few weeks prior to his last sickness, did not awaken my previous anxiety, from the fact that such occurrences are incident to childhood, and generally easily cured.

Parental History.—On both sides there is no tuberculous predisposition, nor hereditary taint of any kind. Each is naturally exceptionally healthy.

One thoroughly healthy child has been born to them, but at two subsequent premature confinements the mother suffered dangerous attacks of eclampsia. The first occurred at seven months, and was followed by convulsions, the second at eight months, convulsions preceding delivery; both children were still-born. These attacks left their dire effect upon the mother in the form of chronic cerebral congestion, endo-metritis, septicemia, and their consequent long-lasting neuroses. These diseases had been mostly cured before the mother became pregnant with the subject of this report. When pregnancy occurred it was deemed necessary, in order to avoid a future attack of eclampsia, to prescribe a low diet. The result was a natural and easy confinement, but in all probability this restricted diet induced a low grade of fever in the mother after confinement, and subsequent entero-colitis in the child, from the impoverished milk of the mother.

The diseases which symptomatically simulate Tubercular Meningitis are verminous irritation, dentition, gastric fever, and gastric disturbances generally. When in addition to this simulation we take into consideration the constant variation of the phenomena of this malady, the absence of corresponding and characteristic symptoms in the first, and *not* infrequently in the second stage, we are prevented from recognizing its presence, and when able to determine that, the

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patient is beyond cure. In this case, which I have used to illustrate some of the points in this paper, the thinning and expansion of the skull evidently contributed to the delay of cerebral pain and oppression, and prevented symptoms that otherwise might have sooner indicated organic change.

Experience would naturally suggest that the physician should develop tact by accurate observation in the light of recent research in this disease, and by a knowledge of the previous conditions of the patient long before brain symptoms manifest themselves, that they may be anticipated and possibly averted, and thus obviate calamities that would otherwise inevitably occur. He must necessarily exercise extreme caution in determining his diagnosis, and refrain from announcing it until tangible evidence presents itself. Otherwise he will be misled, and in the dilemma of an excess of diagnoses, through his misapprehension of the case will conduce to his mortification, and in a bewildered and insincere moment he may attempt to extricate himself from this dilemma by the use of the ignorant subterfuge "that the disease has gone to the brain," and contribute to the professional reputation of the physician who may be likely to succeed him in the case, who, seeing it in an advanced stage, recognizes its true character.

General acute miliary tuberculosis differs materially from tubercular meningitis in the continuous high fever and a regularity of the febrile paroxysm much resembling typhoid; if the febrile paroxysm is irregular, decided remissions and exacerbations occur.

The history and pathology of the disease under consideration are receiving marked attention from eminent members of the profession, and their investigations are doing much toward the practical and intelligent elucidation of the complications and difficulties which have hitherto embarrassed the physician in his diagnosis and treatment. A few of these I will briefly mention.

The *duration* is not limited. It may run its course in a week, or extend into months, and without division into stages

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as now usually classified. *Constipation* is not a reliable symptom, as diarrhœa and vomiting may be present even in the incipient stage, and be interpreted as cholerine. But the diarrhœa does not continue with the progress of the disease, while the vomiting may. While a continuous and obstinate constipation is evidence of a tonic contraction of the muscular fibres of the middle coat of the intestines, or a paralysis of them, or defective glandular secretion, being symptoms of a suspicious pathological state when taken in connection with head symptoms or glandular defect other than those of the intestines, yet it has been demonstrated that meningitis is *only one* of the many causes of defective alvine secretion and propulsion; but severe intestinal disease in infants is obviously a still greater cause of destroying the balance of muscular contraction and glandular secretion. Nor is there necessarily a *prodromal* stage, for the malady frequently presents itself suddenly, and with unusual severity. There is but slight variation in the *respiration*. It usually takes the form of a deep-sighing inspiration at the commencement of the period recognized as the second stage, indicating paralysis and great danger.

The theory that the imperceptible gradation from one stage to another represents a changing pathological condition, is inconsistent with pathological principles, for the most pronounced symptoms do not occur as a consequence of the presence of tubercles in the brain, but from the inflammatory irritation of the pia mater. It would be a much more truthful statement that there are but two stages in this disease, that of irritation and of paralysis, a fact which ought to be more fully recognized. Experience has shown, most emphatically, that a want of the true relation between the symptoms and the peculiar lesion involves so great a degree of unreliability, that a much more extended research and classification of facts is necessary, before the true character of the pathology can be determined.

Recent disclosures are in agreement with experience as to the cause and existence of various forms of cerebral diseases.

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It is revealed that they may coexist independent of each other, and though there is a striking resemblance in their objective manifestations, they are entirely different and distinct in their pathological lesions.

Thus it can be affirmed that the presence of cerebral tubercles, with many of its morbid conditions, can only be ascertained by the opportunities of inspection and minute investigation afforded by post-mortem examinations aided by the use of the microscope. Efforts at discrimination are also uprooting the theories of eminent authorities who have heretofore looked upon *scrofula* as the primary cause of Tubercular Meningitis; and that "under unpropitious external conditions some indefinite general illness follows, from which the whole sequence of symptoms is developed." In conjunction with these efforts, important discoveries are bringing these difficult problems within the range of a more definite observation and solution. Recent clinical discoveries in European hospitals have established the following significant data in relation to tubercular troubles: It has been proved that where a hereditary predisposition has been known to have existed in children who were sucklings of healthy nurses, despite all unfavorable hygienic or sanitary surroundings, "cheesy degeneration and tuberculosis did not occur, where no intestinal troubles interfered." In other cases strong and healthy children, born of healthy parents, and subsequently nursed by women suffering from tubercular disease, almost invariably succumbed to tuberculosis in some form. And in cases where infants are born of tuberculous mothers, and nursed by them, it is a common occurrence for tuberculous disease to progress simultaneously in mother and child.

The information here referred to, and the facts deducible from it, show that tuberculosis is far more frequently the result of extra-uterine infection than of hereditary predisposition, and that the quality of the nurse's milk or the diet of the child exercises the *most* effectual influence in the development, progress, or arrest of tubercular disease.

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III.

A CASE OF ENDOCARDITIS.

W. F. HATHAWAY, M.D., WEYMOUTH.

At nine o'clock on the morning of February 25th, 1881, I was called to see a patient who had a severe chill on the evening of the 24th. Found her with pulse at 120, and temperature 103°, respiration hurried, and with a short and hacking cough. I gave *Aconite* and *Bryonia*. At 3 P.M., was called with haste. Found her with great dyspnœa, pulse 130, soft, temperature 103°, pains in the region of heart, with great cardiac excitement, and extreme anxiety of countenance. On examination, found a distinct blowing sound, slight friction and palpitation. As the murmur was changeable in its seat, not heard as distinct during the distension of the heart, the friction sound light, with a hard, blowing sound over all, my diagnosis was Endocarditis. Gave *Aconite* and *Spigelia* every half hour. At nine o'clock in the evening found her no better; continued *Aconite* and *Spigelia*. In the night she had severe chills, and was slightly delirious.

The forenoon of February 26th I found her pulse at 130, and temperature 103.5°, heart irregular, palpitating. Patient restless, anxious, and prostrated. Gave *Arsenicum* every half hour. In the evening her temperature was 104°. Continued *Arsenicum* through the night. The morning of the 27th the pulse was 102.5°, and no better. Had some swelling in hands and feet. Gave *Arsenicum* and *Rhus Tox* every half hour. The case remained in about this condition until the 2d of March, *Arsenicum* being the main remedy used.

On the 2d of March there was great nervous irritability, headache, pale and yellowish condition of the face, cold sweat on feet and limbs, great dyspnœa, and hawking of

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mucus, which pained her very much. The patient was not able to lie down, nor sleep during the night. There was some swelling and pains in hands and wrists. Endocardial murmurs distinct, no dulness on percussion. Heart irregular and feeble in action. Temperature 102.5°, pulse 120. Gave *Lachesis*^{6x}, a powder every fifteen minutes, during day and night.

March 3d, found her much better, pulse 110, temperature 102°.

March 5th, gave *Arsenicum*, much worse at night. Returned to *Lachesis*^{6x}, which I continued some ten days, the patient steadily improving. There was slight endocardial murmur, which is [April 11th] improving under *Bromine*.[3]

I have not considered this a case of rheumatism, or organic heart disease, as two weeks previous I had examined her heart and found no trouble. I think had I given *Lachesis* two days before there would have been a more rapid cure. The symptoms of March 2d were so clearly of Lachesis, that I was induced to give it, and from the improvement which speedily followed, I have considered it as the remedy of greatest benefit in the case, *Arsenicum* merely holding the patient.

IV.

SUPPRESSED MALARIA.

W. E. RICHARDS, M. D., BOSTON.

J. E. S., a civil engineer, 30 years of age, sanguin-bilious temperament, engaged as an expert in the manufacture of steel. In 1859 visited San Francisco by way of Panama, where he was sick for several weeks with the Chagres fever, from the effects of which had not fully recovered when he entered the army and was sent down South. He was there attacked with congestive chills, followed by diarrhœa, until he became but a shadow of his former self,

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when he was sent home. The paroxysm returned annually for several years, then semi-annually, and finally every three months.

They would commence with shaking chills, followed with sharp, cutting, and piercing pains in the ileo-cœcal region, sometimes lasting for several days. He suffered from constipation, the stools were about the size of the little finger, and very hard; he rarely succeeded in having a stool without a resort to cathartics. Previous to each stool there was a rasping pain in the inferior portion of the ascending colon, as if there was a contraction of the intestine through which the hardened fœces must pass. Now, he had been examined, just previous to his change of treatment, by an eminent professor of the medical department of Harvard College, and informed that there was a contraction of the colon as a result of inflammatory action, from which there was little prospect of recovery.

Patient perspired during the pain, with great thirst, and with a craving for ice-water. Sleep was broken and restless; patient can only lie on right side, with head low; abdomen as if packed full, with sour, greasy, and fœtid eructations, without relief; nausea and vomiturition, indigestion after meals, with lassitude; throbbing in stomach and abdomen during the paroxysm; snores in sleep.

Aggravated from drinking tea, which causes burning in the stomach with flatulency before a storm; standing, walking, and rich or fatty food. Amelioration from moist applications. Administered *Cinchona*^{cc} with powders of *Saccharum lactis* for one week, at the expiration of which he returned for more. After the third prescription he had passed over the usual time for the return of paroxysm, and I discharged him as cured, and he has never had a return.

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V.

INFLAMMATION AND INDURATION OF PROSTATE.

R. E. JAMESON, M.D., JAMAICA PLAIN.

In October last, while attending another member of the family, I was asked by Mr. R——, aged 38, to prescribe for him, for what he supposed was Piles. The symptoms were, a sensation of heat, and fulness or weight in rectum, attended by constipation. I gave him some powders of *Nux Vom.* 200th. I did not see him again for a week, as he was absent in New York; he was no better, and, in addition, complained of soreness over the bladder, painful, and more frequent inclination to urinate; much aggravated in the evening. I gave *Puls.*200 every two hours without much effect, except to relieve the tenderness of the bladder. Urination became more frequent, scanty, and painful, passing water every hour with interrupted flow, burning during flow, but more during interruption, and painful contractions of urethra. I suspected enlarged prostate, and accordingly made an examination *per rectum*, and found the gland as large as a hen's egg, hard as a stone, and very sensitive to touch. I gave *Clematis* 30th in water, every two hours a teaspoonful. In three or four days there began to be an improvement; the pain was less, and the urine passed more freely. I continued the remedy every three hours, with improvement of all the symptoms. He now complained more of a drawing, pressing pain in the perineum, aggravated by walking or sitting, for which I gave *Cyclamen*, which relieved; but the urinary difficulty got worse, and I returned to the *Clematis* every four hours, under which he got better; the pain was relieved, and the intervals increased to two hours and two and one-half hours. He now complained of a painful contraction in the region of the neck of the bladder, as though the neck closed, with pain after micturition, and protrusion

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of the rectum after stool, which was not difficult. I gave him *Ruta.*[200] at increasing intervals, with complete relief of all the symptoms. I made an examination, and found the gland reduced about three-quarters in size. I gave him four powders of *Sulphur*[200] and he has had no trouble since. He was under treatment about five weeks.

VI.

CHANGE OF CLIMATE—WHEN AND WHERE TO GO.

W. B. CHAMBERLAIN, M.D., WORCESTER, MASS.

An important responsibility rests on the physician, when giving advice to a patient proposing to leave home for the benefit of a more favorable climate. In some cases, it would be his duty to dissuade the sick man from his purpose; for invalids, not a few, relinquish the comforts of their own firesides only to die among strangers. It would certainly be proper for the physician to make a most careful diagnosis, to judge wisely of the patient's strength to travel, to take into account his ability to meet expenses without worriment of mind, to note the alternatives of going alone, or in company of friends; and in view of these and other attending circumstances to give such directions as would be most likely to be justified by the ultimate results.

Having made his final decision to go, it would be well for the patient if he could arrange his affairs so as to remain long enough to make the desired cure permanent. A residence of months, and sometimes of years, may be needed for complete restoration. "How long must I remain out here in Colorado?" asked a consumptive patient of the local physician. "As long as you wish to live," was the reply.

After arrival, great caution is needed in making changes. In some places, as in Colorado, every change is virtually a change of climate, requiring another acclimation process from a few days to several weeks.

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While advancing on his journey, the invalid, in some cases, at least, should proceed gradually. If from the North, and going to Florida, it would be well to stop awhile at Savannah. Feeble patients are cautioned to approach the altitude of Colorado Springs (6,000 feet) very slowly. Three weeks at least should be taken to get there from Kansas City or Topeka.

So, also, the return home should be gradual. Instead of going by express to Boston, it would be safer to leave the St. John's the last of April, spending May in Savannah, and reaching the North in June.

If asked which class of resorts should be selected, the mountains or the seashore, the answer would vary according to individual cases. In general, it might be said, that the atmosphere of the mountains is better for consumptives, and the cool sea-breezes more favorable for the many diseases of general debility.

Moist, warm, equable climates by the seaside, says Dr. Buck, are decidedly beneficial to catarrhal complaints of the lungs, and also to those of the intestinal tract. But in all other forms of Phthisis, except those of catarrhal origin, such climates are on the whole injurious.

The points in common between the seaside resort or sea-voyage, and the mountain plateau, are the equability and the abundance of sunlight and fresh air. Both are stimulating in their effects; both act powerfully on the appetite and spirits; though these ends are reached by different routes. A sea-voyage is, of course, better adapted to men than to women; an oceanic voyage is better than a Mediterranean, and a long voyage than a short one.

The best climate is that in which a delicate person can be out of doors, with comfort and safety, for the greatest number of hours and days in the month. This requisition can only be fulfilled in most cases by a combination of *clear sky* (sunlight), *warmth* (not of the rays of the sun, but of the lower level of atmosphere), and *equability* (or freedom from violent change of temperature and chilling winds).

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Tropical climates by the sea possess, it is true, great *equability* of temperature; but they lack another element of no less importance, which is *stimulus*. And for this we must seek a climate on the mountain, or plateau. There, in those high altitudes, dry air, low pressure, and abundant sunlight, constitute the chief curative elements, than which nothing can be more potent for good. To these must also be added many lesser influences, such as a freer movement of air, novel exercise, and mental exhilaration. In brief, the effects are those of stimulation, and they appear in improved digestion, and sanguification, and increased muscular vigor.

The great influence of the lesser atmospheric pressure in high altitudes must not be overlooked. Its effect in expanding the chest is of the greatest importance, especially in cases of Phthisis. Frequent instances of this have been noticed by army surgeons and others, in the case of phthisical soldiers sent to garrison in the high altitudes of the Himalayas. A rapid increase of chest dimensions is the almost uniform result.

On this point two admitted facts look us in the face:

First.— That nearly all the localities, enjoying immunity from consumption, are in the mountains; and, *Second*, that mountain resorts do yield strikingly favorable results, in arresting the disease, prior to the destruction of the lungs by softening and excavations.

In general, the health benefits of mountain resorts may be ascribed, —

1.—To the greater *dryness* and increased *electricity* of the air.

2.— To the greater *purity* of the air, shown by its greater transparency, freedom from dust, and richness in ozone, which purifies it chemically.

3.—To the greater *rarity* of the air, expanding the chest, causing quicker and profounder respiration, a more active central as well as capillary circulation, and increased excretion, with improved appetite and nutrition.

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4.—To the larger number of sunshiny days, and the intenser heat of the direct rays of the sun; all these conjoined with the charming diversity of mountain scenery, stimulate the invalid to frequent excursions, habitual, and life in the open air.

The testimony on these points is abundant. Dr. Schreiber, Lecturer on Climatology in the Vienna Faculty, says: "Observation has proved that Consumption in all latitudes diminishes with altitude, until it finally disappears altogether. Long-continued researches have confirmed the good results accruing to consumptives from residence on the mountains." He thinks, however, that the good results are not due to altitude alone, and forcibly argues that the altitude of immunity from Consumption lessens from the equator to the poles, while the diminished pressure, which is the chief peculiarity of altitude, is the same for equal elevations, whether at the equator or at the poles.

Ziemssen's Cyclopedia states: "It may be regarded as a fact that an elevated position protects against Phthisis. A height of at least 1,800 or 2,000 feet seems to be required for this purpose. Phthisis is rare on the Hartz, Styrian, and Swiss mountains; also on the Cordilleras, and on the plateaux of Abyssinia, Persia, Mexico, Costa Rica, and Peru."

The Swiss Society of Natural Scientists, after five years' close investigation, report that, in Switzerland, decrease of Phthisis, beyond all doubt, follows increase of elevation; and, although Consumption may occur in the most elevated places, it is extremely rare.

There is at Gœhersdorf, in Prussia, a Sanitarium for consumptives, situated one thousand seven hundred and fifteen feet above the sea-level. Beginning with only twelve patients, this institution, after nineteen years' experience, has increased to an annual attendance of over six hundred. Another at Davos, Switzerland, five thousand feet high, increased in ten years from eight patients to four hundred.

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All observers report that Consumption is very rare on the great Mexican tableland, termed the Anahuac. In making thirty thousand visits to patients in five years, Dr. Jourdanet observed only six cases of Consumption.

Dr. Dennison cites abundant evidence to prove almost entire immunity from Consumption in the elevated sections, in which are located the Sierra Nevada and Rocky Mountains.

Dr. Hildreth, President of the Medical Society of West Virginia, says: "I have sent to Oakland and Deer Park, two thousand three hundred feet high, patients with Phthisis in different stages of development, all of whom were decidedly benefited. The cough abated, or disappeared, the night-sweats, or diarrhœa ceased, the appetite improved, there was a gain in flesh and strength, and many were, doubtless, kept alive for years. Persons suffering with Hay Fever, or Autumnal Catarrh, on coming here, usually find the paroxysms cease within twenty-four hours after their arrival."

In speaking further of directions for selecting suitable resorts for individual cases, we can do no better than quote from Dr. A. L. Loomis, who reaches the following conclusions: —

"In some cases a warm, in others a cold, climate is needed. This can be determined only by the experience of the individual previous to the inception of the Phthisis.

"It is not the mean temperature, but the absence of sudden and frequent changes that is of the greatest importance.

"The regions of pine forests are salutary, because of the purity of the air, maintained by the great oxidizing and consequent disinfecting power of the ozone, present in unusual amount, owing to the abundance of turpentine.

"Individuals in whom the processes of tissue-change do not require hastening, are better on or by the sea.

"Persons past middle life in whom Phthisis has been developed, do better at the sea than in mountain air.

"Permanent improvement results only from a prolonged stay in the proper locality. Annual change is unadvisable.

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"Cases of fibrous Phthisis in every stage, often reach a condition of comparative health when they take up their residence in regions having a high altitude, as in Colorado. The benefit which asthmatic and emphysematous invalids derive in these regions, is most marked.

"Persons most decidedly benefited by a sojourn during winter in a southern climate, are those convalescing from some acute pulmonary affection, in whom the delayed convalescence raises the fear of Phthisis. Favorite places are Aiken, S. C.; Palatka, Enterprise, and Gainesville, Fla.; and Thomasville, Georgia.

"The best results in the stage of consolidation of the catarrhal form of Phthisis, have been reached in those who have made a prolonged stay (one to three years) in mountain regions, having an elevation one thousand five hundred to two thousand feet, as at Asheville, N. C., and the Adirondacks, New York."

A brief glance at a few of the seaside and mountain resorts will close this paper.

Block Island, ten miles south of Point Judith, never suffers from drought nor excessive heat. February and March give most employment to physicians. Catarrh and Bronchitis are benefited, and often completely cured. In four years there were only four deaths from Consumption, and four from Typhoid Fever. Kidney troubles prevail, and Lithic Calculi, and tendency to constipation.

Physicians who have lived on this island for years, tell us that patients get a great amount of refreshing sleep during the first few weeks of their stay here.

Cape Cod.— The soil is dry; no surface moisture, no malaria. Cool winds from Vineyard Sound prevail through the summer. The bathing is excellent,— the water being warmer than in places further south. From June to November the climate is delightful. One of the best, if not the finest, situations on the whole Cape is at Monument Station, fifty-five miles from Boston.

Atlantic City, N. J.—As a health resort in winter, it is

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worse than valueless; climate very changeable; buildings mere *summer*-houses, with no chimneys. In summer it has about the same advantages as Coney Island, Long Branch, etc.

THE AZORES, OR WESTERN ISLANDS.—There are nine of them. Temperature very mild; no fires used for warmth even in winter, thermometer averaging 64°; in summer, seldom above 75°. No malaria; mortality low. But the great humidity is unfavorable for Rheumatism and throat and lung diseases. Phthisis is endemic here as elsewhere.

TUNIS.—A city of one hundred and twenty thousand inhabitants on the coast of Africa, by the Mediterranean. From September 1st to middle of June, the air is pure, and the climate perfect; warm without sultriness, and dry without dust. Few, if any places on the Mediterranean, or even in all Europe, offer such exceptional advantages to consumptives. Dr. Davis, in his book, "The Ruined Cities of Northern Africa," says of Tunis, that its climate is wonderful in its curative power. A young physician, given up as hopeless by himself and others, went to Tunis, recovered, and finally died there at 70, from accident. For further information, see *Medical Gazette*, July, 1877.

BETHLEHEM, N.H.—A mountain resort, one thousand six hundred and fifty feet above the sea, with good hotels, watered streets, side-walks, good board, excellent drainage. The temperature is quite equable, atmosphere tolerably dry. Of sixty-two days in July and August, an invalid could safely remain out-doors all day in forty-seven days. Catarrhal affections, Asthma, Hay Fever, Dyspepsia, and Anæmic affections generally, are usually benefited by a residence at Bethlehem.

MINNESOTA.—This is one of the healthiest States in the Union. The general average of deaths, the world over, is twenty-two per one thousand. In St. Paul it is eleven per one thousand. The air is very dry, the average rain-fall being only twenty-five inches, while in the Eastern States it is forty-five. The drainage is perfect. Snow falls in No-

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vember, and does not melt till the middle of March. The cold is extreme; but so dry is the atmosphere that consumptives enjoy long sleigh-rides, with the thermometer twenty-five below zero. In consumptives, going early to Minnesota, there seems to be an arrest in the formation of tubercles in most cases; and such persons frequently attain to a comfortable state of health and strength.

WESTERN NORTH CAROLINA.—There are several plateaux in this region, varying from one thousand five hundred to four thousand five hundred feet. One of these is in Macon County, and contains the town of Highlands, more than four thousand feet above the sea-level. The climate is dry and bracing, and equable; delightful in summer and mild in winter, as compared with New England. The pleasantest place in Colorado has a summer four degrees hotter, and a winter four degrees colder, than the Highlands. The changes in temperature in Colorado are greater and more sudden. Though so elevated, it is free from high winds and clouds of sand. There is no malaria, very little Rheumatism, Catarrh, or Fever; and it is as exempt from Consumption as any part of the temperate zone.

Of some parts of GEORGIA similar things may be said. In regard to

FLORIDA, the testimony is conflicting; but this may be safely said: it is an excellent climate for that large class of ailments depending upon abnormal nerve functions. Most of the land throughout the State is low and marshy, producing malaria and intermittents; but in the few elevated places that are to be found, the air is sweet, and the sea-breezes tend to make it balmy and invigorating. Many persons have been greatly benefited by a residence there; but the list of such does not include those who had organic lesion of the brain, nor those who have passed so far into morbid nervous conditions as to need watchfulness and restraint, nor those in whom Phthisis has passed the first stages, and softening or disintegration of lung-tissue has taken place. This transporting of exhausted invalids to

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Florida is all wrong, and too strong a protest cannot be entered against it. While it is admitted that the climate has great curative qualities in many diseases, it is nevertheless true that its beneficial effects have often been overestimated. The mere change from the brisk, invigorating air of the North, to the damp, warm, sultry atmosphere of the South, produces debility; and in many cases, even a well man going there, feels languid, depressed, and good for nothing.

Colorado.—This region is elevated from five thousand to ten thousand feet above the sea-level, and, as a natural result, the atmosphere has a most invigorating effect. The chest expansion is in most cases very marked. Situated in the centre of the continent, and far from the sea on either hand, its climate is not much affected by frequent changes of the wind. It is very dry; almost rainless. Frost scarcely hardens the surface; a thaw produces no moisture nor mud; and there is neither dew nor mist. It is a splendid country for asthmatics and dyspeptics. Throat and lung difficulties are greatly benefited, and almost always cured, unless the remedy comes too late; but for rheumatic, nervous, and heart diseases, the influences are unfavorable.

California.—Residents are generally very enthusiastic about their climate. Simply to breathe, they say, has an exhilarating effect, like that of champagne. But in reality there are many climates in California, and they are very diverse. Within twenty-four hours one may experience the tropical, temperate and cold, and often without travelling far; as, for example, in San Francisco, its chilly winds may be left behind for a semi-tropical climate, by a half hour's ride to Alameda. In some of the interior valleys the thermometer will register one hundred to one hundred and twenty; but all along the coast, fogs are frequent and the air is chill. All the rain falls in the winter months; the summer, though free from rain, is not free from mists, and wind and dust. Frosts are rare. As to diseases, very much the same classes prevail here as elsewhere, and with about the same mortality.

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But Lower California justly claims pre-eminence in climate. A traveller of great experience, whose testimony is fully confirmed, writes thus: "I have tried the best climates in Europe for invalids, and give decided preference to that of Mentone, in Italy. But the climate of many places in Lower California is much superior to that, being much more pure and dry and equable, and having a most soothing and healing effect on the mucous membrane, and yet as stimulating as is the air of Minnesota. At Mentone, I suffered from the great difference, 35°, between sunshine and shade. Passing into the shadow of a building was like going into a cellar. The doctors there advised patients to retire within the house at least one hour before sundown. But here in California I have been out freely evenings with entire safety; and in the four coldest months, out of a hundred and fourteen days, I spent a hundred and six in the open air, with perfect comfort and safety. A more perfect climate than that of California I cannot imagine."

Santa Barbara is two hundred and eighty miles south of San Francisco. It has good hotels, cultivated society, fine rides and drives at a moderate cost, and is altogether a most desirable place for mental and physical rest. The days are adapted for vigorous out-door life, and the nights for rest and sleep. Nutrition improves rapidly in nearly all cases, unless organic disease has advanced too far.

The Adirondacks.— This region, now rapidly coming to the front as a health resort, lies in the northeast part of the State of New York, embracing the counties of Franklin, Clinton, Essex, and Hamilton, and containing an area nearly equal to one-third of the entire state. One of its chief features is an immense plateau, nearly two thousand feet above the sea-level, comprising more than two thousand square miles of primitive forests, broken by the gleaming waters of multitudinous lakes, in which are mirrored many mountain peaks more than five thousand feet high. The whole region, in fact, is a vast *natural* park, full of grandeur and beauty, furnishing the invalid with what he specially needs: viz., a powerful stimulus to lead an out-of-door life.

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The climate of the Adirondacks is moist and cool, the mercury seldom rising above 85° in the hottest summer. The soil is light and porous, admitting rapid filtering, so that after a rain-fall the surface very soon becomes dry. The baneful dampness arising from a clay soil has scarcely an existence here. Yet it is not always so much hot or cold, damp or dry, but pure air which is necessary to diseased lungs; and of this mountain region, it may be said with emphasis, the *air is pure.* Its great elevation, sandy soil, perfect drainage, absence of foulness gendered by close populations, vast forests stretching over a hundred miles, impregnating the atmosphere with their resinous odors, and lading it heavily with ozone, nature's most powerful purifying agent, all these tend to the one grand result,—an atmosphere as pure as the Creator could make it. To breathe such air day and night, summer and winter, is the rare privilege of the dwellers in the Adirondacks. An eminent physician, himself cured of Phthisis, after thorough trial, testifies of its climatic influences, that they are far more favorable than those of Minnesota, Colorado, or the South. Dr. A. L. Loomis, of New York, cites twenty cases of persons who, by his advice, have tested the wilderness experiment, and of these he reports ten cases as recovered, six as improved, two as not benefited, and two who died. "This country," he says, "is better adapted to the treatment of Catarrhal Phthisis than of any other variety. Fibrous Phthisis does better in higher altitudes, as in Colorado. On tubercular Phthisis climate has but little beneficial effect." Contrary to the general opinion, the doctor recommends patients to stay through the winter. In the cases above referred to, with scarcely an exception, the improvement was then more rapid than in summer. In an interesting article on Camp Life in *Harper's Magazine* for May of the present year, the writer says, "To all who may be induced to try the wilderness experiment, the reporter reiterates the advice,—'Stay through the winter.'"

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VII.

DISINFECTION.

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DISINFECTION is assuming an importance in a sanitary point of view, which renders a complete understanding of what it is, and what it is expected to accomplish, necessary to thorough medical practice. It is the object of this paper not to advance anything new, but to gather some thoughts together, so that what is known may be presented to the memory, and may be useful as a guide in practice.

The need of disinfection has been felt from the earliest times; how early, preceding the enunciation of the Mosaic law, we do not know; but the burning of incense and sweet-scented woods, the anointing of the body with perfumed oils, the purifyings and cleansings prescribed by heathen and sacred priests, and the frequent smokings described in the most ancient authors, testify to this demand. Though such disinfections were imperfect, they were the best then known; and, together with the open-air life and the rude habits of living, formed all of the general disinfection that was then needed. But an increased civilization, a vastly increased population, a more determined shutting out of the free air, a herding together in cities with a concentration of waste and of all of the products of civilization, have rendered disinfection a necessary study and an actual necessity of living.

This study has made great advances during the past century, and its value is fully evident in the increased safety of our lives, in the increased longevity in spite of greater crime and exposure, and in our ability to cope with, and in many cases to prevent, the malignancy and the spread of infectious diseases. It is impossible, when every city and town, especially every seaport, every village, nay, every home, holds

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the key which may open the entrance for contagion, to prevent completely and perfectly the assaults of these diseases. But a century hence they will be things of the past, and physicians will no longer be like wreckers, looking for the results of an epidemic storm.

Could we answer the question, What is contagion? a long step towards a settlement of this matter would have been taken. Recognizing this, the labors of the most distinguished chemists and biologists have sought the cause of life, seeking thereby the cause of disease and death. But the point has not yet been reached, and we cannot assign the cause of either. Theory has assigned the *causa morbi* to living organic bodies, and for some time believed that it had found the various organisms which set up within the animal organism their peculiar, specific diseases. Further investigations have relegated these microzymes, by whatever nosological name they may be called, to results rather than causes; and the cause, originating the disease of which these microzymes are one of the modes of expression, is yet to be discovered. Hence those who accept the so-called Germ Theory as the true exponent of that which all are seeking, are driven to assert that the cause is still a germ, so infinitely small as to elude all search with the means which we now possess, or to confess their total ignorance. In 1864, Schutzenberger wrote: "All diseases, contagious either by inoculation or by more or less direct contact, whether epidemic or endemic, are evidently produced by the introduction of foreign poisonous substances into the living organism, producing true poisoning. . . . These conclusions, drawn from many facts, observed in every part of the world, are so simple and natural that no one denies them; but when it is required to state the precise nature of the morbific influence, as we enter the domain of hypothesis, the most varied and contradictory opinions have been given, and may be supported with a greater or less degree of probability.

"It has long appeared to us that Pasteur's researches on

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this subject have not only succeeded in determining with greater precision than before facts up to that time partly known, but that they are destined in the future to throw a bright light on etiology, and on the pathological history of contagious diseases, whether epidemic or endemic.

"We set out with the hypothesis that the great part of infectious diseases have for their immediate cause the penetration into the organism, and the development therein, of the living germs of ferments, or living ferments already formed, of either animal or vegetable nature. . . . We think that the researches on fermentation and putrefaction have been carried far enough to allow important trials to be made in this direction with some hope of success."

In 1876 this same author says: "During the ten years since this page was written, skilful experimentalists, guided by the same ideas, among whom I may mention Pasteur himself (researches during the Cholera epidemic), have studied this subject with great care, and yet I must admit that there has been no result from these inquiries; the question of the etiology of infectious diseases has made no important advance."

It is now considered that the infecting organisms stand in nearer relationship to the forms of plants than to any form of animal; the independent motion, which first assigned them the place in this kingdom and gave them the name of infusoria, now is no longer considered as a distinguishing mark. The forms and manner of growth, the conditions of living, even the mode of reproduction, assign them more closely to the class of fungi.

Virchow (Army Infection Diseases) propounds this question: "Are, then, these micro-organisms really the proper foundations, or, as has been rather hastily alleged, the essence of these (infectious) diseases?" He says,—incidentally giving a point of extreme interest to us as Homœopathsits,—"The very organisms met with constitute the first important objection to this conception. Hitherto no one has succeeded in finding such marked distinction between

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the parasites of Cholera and those of bacteria of Small-pox, and of Diphtheria; that one could, by each of these diseases, recognize special plant-forms with characteristic signs, and, in technical language, thus fix a diagnosis. The same forms of micrococcus and bacteria which the Cholera stool shows, I have seen in motions of patients with spotted fever,—even in simple Chronic Diarrhœa in times free from Cholera. Still more was I surprised through another occurrence of this same plantkin. It is a difficult problem, in Cholera times, to diagnose an arsenic poisoning, because the symptoms in both cases may be very similar. The disease masks, as it were, the crime. I hoped to detect a difference in the evacuations; but, to my great astonishment, I found likewise in the intestines of the arsenic victims the same micro-organisms which were alleged to characterize Cholera. Just as little is there a possibility, as far as I know, of distinguishing, by means of the occurring ball-bacteria, a variolous throat Diphtheria from a simple case of Diphtheria, or even from one of Scarlatina."

Is it not, therefore, allowable to assume that all of these infectious diseases contain a common putrid element; and that, in the secretions as well as in the tissues of the body, a certain chemical constitution obtains favorable to disintegration and decomposition, and the rapid spread of which entails the multiplication of the putrefactive organisms lodging in parts so tainted?

The researches of M. Davaine lead him to the conclusion that the virus of infection is not an organized ferment. "The lower organisms are the result, and not the cause of putrid changes. The virus is not dialyzable, and hence is albuminoid in its character." All of the excretions of the body are liable to this decomposition, and to the copious production of foul organisms. The urine and the fœcal discharges, both inside and outside of the body, tend to this same putridity markedly.

The name of Pasteur, with whose remarkable and exact researches we are all more or less familiar, has lent the

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strongest power to the germ theory; but his extended experiments on the cause of fermentation have proved still more. His own theory is, that the organic bodies called yeast separate sugar into alcohol and carbon dioxide, through the process called fermentation, because of the necessity of oxygen for the support of their life, in fulfilling the process which he calls respiration, they seizing the oxygen of the sugar, thus splitting up the normal molecule. But it is further proved that the addition of free oxygen rather increases the action of fermentation than retards it, as it should do upon this theory; and that hence the action of the ferment must be from some other cause than that of the need of these little bodies for respiration. Still further experimentation determines the fact that the water in which these little organisms have been washed is quite as active a ferment as the organisms themselves were supposed to be. Hence the cause of the fermentation need not be in the bodies themselves, but rather in the excreta of those bodies. These excreta are inorganic, soluble matter. Such ferments, and there are many of them in nature, are called indirect ferments, though seemingly derived directly from living organisms.

This seems to me to approach more nearly the solution of the question of contagion than we have before reached. Each one of these indirect ferments has its own peculiar constitution and action, and, so far as we know, may set up different forms of decomposition in seemingly the same medium. Our allied infectious diseases, while having in a pure medium a marked and peculiar idiosyncrasy, yet, in other media, so manifest themselves as hardly to be well marked. The organisms thus far found and acted upon are acknowledged to be results rather than cause, and their multiplication to be due to the disease rather than the virulence of the disease to them. Moreover, there has been no correlation discovered between the malignancy of the disease and these organisms.

These same things are true of the process of putrefaction,

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the substance fermented being changed. The cause of putrefaction may be as indirect as that of the alcoholic fermentation, originating primarily from minute living organisms. Indeed, although the important and wonderful labors of Pasteur have taught us that perhaps the initial of fermentation and putrefaction depends on the presence of inferior organisms, and that the germs of these organisms come from without, it is nevertheless true that we have, as yet, no certain idea of the mode of action of organic ferments.

One step more, and we will close this part of the subject. It is a theory of Virchow that Diphtheria is a connecting link between certain of the infectious diseases, it being found in them all, and in many conditions allied to them. It has been the thought of more than one scientist, that all of the diseases which have putrefaction for their great accompaniment may have a common origin. And in his studies M. Billroth has arrived at the conclusion that all of the so-called vibrios, monads, micrococcus, bacteria, and other alleged types, are derived from a single mother-plant, which he calls coccobacteria septica. Since this plant abounds everywhere in nature, since it is always present in the human body itself, notably in the intestinal canal even of the healthy, so that a primary infection, importation, or transference, seems hardly to be required, it is already at hand, and needs only favorable conditions for propagation and growth.

Considering these facts, and the differences of experimentation and theorization which exists, we are, perhaps, justified in stating certain facts and conclusions: —

That in many cases of the same virulent infectious disease, but very few organisms are found to which the disease or its virulence could possibly be ascribed;

That, in such cases, one drop of the blood, or of the secretions, is as effectual in transmitting the infection in all its virulence, as the blood or secretions of a case in which these organisms are found in great abundance;

That hence infectious disease consists in chemical meta-

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morphosis, rather than in mechanical action of micro-organisms.

That in some highly contagious diseases no microscopical element has ever been discovered (notably syphilis);

That it is by no means uncertain that, as the water in which yeast has been washed is fully capable of exciting the true yeast fermentation without the presence of the yeast-plant itself, so an organism, in the process of its growth, or in the functions of its life, may secrete a poison, which may be a true exciter of disease, through chemical metamorphosis;

That this action is mainly on albumen, and tends to putrefaction. Coming, then, to our main inquiry, we seek to know,—

What are the matters needing disinfection? What are the means of disinfection?

Speaking generally, the matters needing disinfection are the products of putrefactive forms. What all these products are, science has not been able fully to determine; for there are some which we recognize by their pathological effects which cannot be separated by chemical or microsocopical analysis. The products are chiefly gases, acids, and low nitrogen forms. But the matter which, under the force of putrefaction, evolves these products, is albuminous, whether animal or vegetable, and may be classed under the general head of albuminoids. With these, also, there is a question of a greater or less degree of stability; those of a low stability taking on the putrefactive process with rapidity and energy, while those more stable resist it until they have passed into the lower state. The conditions of this metamorphosis are warmth and moisture within certain defined limits. With a steady and intense cold, putrefaction may be arrested for thousands of years, and the natural qualities of the substance remain unchanged; with a sufficient degree of heat, and the exclusion of air, substances may be retained in a perfect condition for many years. In these cases the natural tendencies of the albumens are only checked; for, on the presentation of the conditions of putrefaction, these tenden-

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cies are resumed and decay commences. These limits are the limits of life, actual or potential. Where life is not apparently present, though the conditions may exist, the microscope reveals the fact, and the microzymes appear lively and self-multiplying. In the vast majority of these cases, these microzymes take the form of bacteria and vibriones; indicating by their very presence not that they are a cause, but a product. They are, in fact, life resulting from, or expressing, the splitting up of an albuminous molecule.

For our purposes all animal tissues may be considered as composed of albumen and fat, and their putrescence to be the results of their decomposition under certain favoring conditions. While the chemical changes going on in albumen are rapid and soon determined, those taking place in the fat are more slow and complex, passing into various differing substances, and giving off a great variety and abundance of gases. Life, in its larger forms, is nourished; a life ending in a sensible death and another decay.

How nearly analogous the two forms of fermentation and putrefaction are, is not yet fully decided; but we may cleverly study the one by the other, and note that those substances which the best prevent fermentation are those which also arrest putrefactive decomposition.

Fermentation, in substances containing albumen, produces its own forms of life. These forms can be destroyed and their increase prevented by the same means that destroy and prevent contagium, and yet the action of the two is not wholly alike. And here the difference, strong and marked, comes in between antiseption and disinfection; between the arrest of putrefaction and the destruction of the putrefactive material; between causing the fermentive process to cease, and the destruction of the power of the ferment.

True disinfection aims at nothing less than this destruction, and this is the objective of all preventive medicine. In the midst of attacks of epidemics, or in the presence of an actually or potentially contagious disease, antiseption has its great value in preventing the spread of the disease, or in

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surrounding one with a safeguard against it. But the moment that the antiseption loses its power, that moment the virus contagionis, whether it be inorganic molecule or organized germ, resumes its efficiency and destructibility, unless arrested by a manufactured or a natural disinfectant.

It is an acknowledged fact that fermentation, even in the same substance, may express itself in many different ways, giving different results. We may state the same of the process of putrefaction; and, in the present state of our knowledge, it would not be too much to say, that all with which we have to do in the way of disinfection and antiseption, is with the cause and the results of putrefaction.

Looking at it in this manner, the number of available, true disinfectants which we have are few, and may be comprised under the heads of oxygen, heat, and sulphur. Arsenic and the bichloride of mercury should certainly be added to the list. Chlorine, iodine, and bromine may be considered in the category so far as they supply oxygen; otherwise they act as antiseptics. Charcoal, by its absorption of, and free giving of, oxygen, may claim a right to the rank of a disinfectant, such action being confined to gases principally.

True disinfectants act upon the virus contagionis itself; antiseptics upon its means of distribution and upon its pabulum.

Oxygen, as a vital constituent of the atmosphere, exerts a powerful influence on metamorphic as well as upon living tissue. It seizes rapidly on every chemical change which may be taking place, and asserts its right to a share in it. To its power may be said to be due all of the health tendency that such a change in tissue possesses. The only question is in the quantity supplied. The disinfecting power of the free air is well known, and is due to the oxygen which it presents. As it passes over a putrefying mass it takes with it the nocua, and disinfects them, not at the place from which they were taken, but while on their flight. Putrescence itself is but an oxidation of the constituents of decomposing matter, the oxidation proceeding with com-

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parative slowness. A larger supply of oxygen increases in the same proportion the rapidity of these changes, converting the nocua into innocua. Combustion is, in fact, produced, if sufficient oxygen is used, and the resulting compounds are perfectly harmless. Many endeavors have been made to this end, and our truest disinfectants act in this way. Ozone, an allotropic form of oxygen, rapidly oxidizes albuminous compounds, so that putrefaction cannot possibly take place. Peroxide of hydrogen, one of nature's great purifiers, acts in the same way; and, if it could be made more stable in solution, would afford us the truest disinfectant which we could wish. Charcoal, dried earth, and many finely-powered substances, have the property of condensing upon their surfaces large amounts of air, and thus rapidly oxidizing the contained infections. Potassium permanganate, ferric compounds, bromine, chlorine, and its salts, by combining with hydrogen, set oxygen free; and in this sense are true disinfectants.

The heat limits most favorable to putrefaction are from 55° to 100° Fahr. These are approximate limits, and depend much on the media in which the process takes place. Moisture is an absolutely essential condition. Freezing, as is well known, will prevent the putrefaction, because the necessary heat is absent; above 100° the process is retarded, and finally ceases because the needed moisture is wanting. But heat, pure and simple, with abundant moisture, will absolutely kill the virus, so that garments and fabrics, plunged into boiling water, will come forth thoroughly disinfected.

Dry heat is fully as effective, and houses have been built for this express purpose, the temperature being brought up from 230° to 300° Fahr., and continued for five or six hours. Time is, indeed, an essential element in the success of this agent. But the virus itself is killed without the possibility of revivification, even if placed under the most favorable circumstances.

Many will object to placing sulphur in the same class

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with oxygen and heat, though they will acknowledge that the fumes of sulphurous acid form the best disinfectant for the purifying of rooms which have been exposed to contamination. Sulphur is one of the oldest disinfectants known, and it has held its place by the sheer force of its practical value against all others. No virus seems to resist its power. It holds a connecting status between the true disinfectants and those which I have denominated antiseptics. Indeed, a true disinfectant is at the same time, and by virtue of its being a disinfectant, a true antiseptic.

Omitting arsenic and bichloride of mercury as being agents too dangerous for common use, we pass to the second class,— agents which act upon the means of distribution and upon the pabulum of the virus of disease, and are denominated antiseptics.

Various gases, in themselves not disease-producing, though often of extremely offensive odor, and ammonia compounds, with low forms of nitrogen compounds, are set free during the process of putrefaction. These seem to form the media of distribution and the pabula of the virus. It is a well-known fact that the nitrogenous matter in organic substances is the chief source of nutriment to the organisms of putrefaction, and that with this matter neutralized the organism must die. These antiseptics have the property of coagulating albumen, though many of them, at the same time, give off a certain amount of free oxygen. They descend, in a regular gradation, from sulphur.

For practical value and use, the metallic salts claim our first atttention. "They arrest putrefaction and destroy infectious matter by coagulating albuminous principles, and by absorbing the nitrogenous and sulphurous compounds of which ammonia and sulphuretted hydrogen have been taken as types; they probably also exert some other effects not always clearly defined."—Waller.

Chief among these we must class the chloride and the sulphate of zinc. The compounds which these salts form with albuminous matter are extremely insoluble; and they

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are most excellent absorbents of the gases from putrefying substances.

The salts of iron come next,—the perchloride and the protosulphate. They act "by absorbing or destroying sulphuretted hydrogen and similar compounds, and by absorbing ammonia and nitrogenous compounds of that nature." They also coagulate albuminous matter, and exert a strong oxidizing effect upon organized substances.

Alumina has been used under the form of a chloride, and its principal recommendation is, that it is not poisonous. Its antiseptic powers are considerable, but beyond that it has not much value.

Concerning the acids from coal-tar, Waller says: "The disinfecting and antiseptic properties of carbolic and cresylic acids have been much discussed, and their use for both purposes has been highly recommended by many.' Notwithstanding various statements with regard to their efficiency as aërial disinfectants, it has finally been proved that their value in that regard is too small to be of practical importance. Pettenkofer asserts that their action is exerted by their presence, and their influence ceases as soon as they are removed,—in other words, that they do not induce a permanent change in the putrefying material, but simply suspend the action of the processes of putrefaction as long as they are present. From this it would be inferred that their use is chiefly as antiseptics, and not as disinfectants; and this is the light in which they are now regarded by many." With this statement I think we may all fully agree. Upon this subject the utterances of the late International Congress (1881), held in London, are very pertinent. Prof. Keith, one of the most successful ovariotomists, and hitherto a warm advocate of the antiseptic method, has abandoned the method altogether. He found that acute septicemia would arise in spite of the most thorough carbolic treatment, and that many cases presented undoubted symptoms of carbolic acid poisoning. He now relies "upon perfect cleanliness, care in controlling hemorrhage, and thorough drainage; and

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his cases are giving him less trouble, with more satisfactory results." Prof. Lister himself has arrived at the same conclusion.

Artificial means have to do alone with the results of decomposition, the means of diffusion, or the pabulum of the virus contagionis. True disinfection will ultimately be found only in the very means which nature furnishes us, when nature's ways are well understood. This is best exemplified in the action of the Eucalyptus globulus, whose anti-malarial, disinfectant action is undoubted. The growth of this tree is extremely rapid. Its leaves are peculiarly arranged, the flat surfaces being placed vertically. The avidity by which the water is taken up by the roots and thrown off by the leaves, is truly remarkable. In two hours one square yard of leaf surface will give off nearly four pints of water, this being nearly two or three times the weight of the leaf. There is also a volatile oil secreted by the leaves. In one hundred pounds of the leaves there are from three to six pounds of this oil, which, under the influence of air and moisture, generates peroxide of hydrogen, one of the truest and best of disinfectants. This tree may be used as a house disinfectant, for, if cultivated in pots, it does not grow to a great height, and seems to retain its leaves.

I would leave then, as an object of further study, this proposition: —

To Nature alone, atmospheric influences (ozone, peroxide of hydrogen, dryness, heat, etc.), and the flora, must we look for true disinfection; to artificial means, for antisepsis and immediate protection.

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VIII.

CLINICAL CASE.

CHAS. STURTEVANT, M.D., HYDE PARK.

On the 14th of February I was called to see a child a few months old who was suffering from Colic, and Tenesmus, which was a very prominent symptom, and had baffled all the efforts of parents, nurses, and the neighbors. For an hour before and after, and during stool, he would strain, and apparently try to expel something from the rectum, until he could be heard all over the house, and he would seem all tired out with the effort, and fall asleep from sheer exhaustion. His stools were normal in frequency, appearance, and consistence, and he seemed in all respects but this to be in perfect health. The Colic yielded promptly to *Colocynthis*, but the Tenesmus resisted steadily all efforts to relieve it. I exhibited in turn *Mercurius Corrosivus*, *Aloes*, *Sulphur*, *Baptisia*, *Dioscorea*, *Hamamelis*, *Podoph*, but without any encouraging results. I then made as thorough examination as possible of the anus and rectum, using an *ear-speculum* to facilitate my observations. I discovered a very fine rash-like eruption all over the mucous membrane of the rectum as far up as I could see, and as all the functions of the digestive system seemed to be normal, and no *internal* treatment appeared to be of any benefit, I bethought me of the topical application of a suitable remedy, and, after quite a long time devoted to thought upon the case, I introduced a one-grain intra-uterine suppository of *Hamamelin* with almost magical effect. This was repeated in twelve hours, and after three suppositories had been used, there was scarcely a trace of the Tenesmus, which had been so obstinate and troublesome, and I continued the exhibition of this remedy in this form, only using one-half of a suppository morning and night for about a week.

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IX.

SULPHUR IN THE DISTURBED SLEEP OF CHILDREN.

A. H. TOMPKINS, M.D., JAMAICA PLAIN.

THE cases of disturbed sleep of children, in which I have found *Sulphur* most useful, have been literally disturbed *sleep*, not complete wakings.

As often as any way the child is well nourished, even fat, and during the day appears well, at least so far as purely physical functions go; but when the time for sleep comes, it brings sleep of a very precarious sort. There is a lack of agreement between the cerebrum and the cerebellum,—the former sleeping while the latter wakens at times.

In the case of an infant, the state may easily be mistaken for complete waking; since the eyes open, and the mouth opens widely and emits a first-class serenade, so far as the volume of sound is concerned. The face is often flushed in the sleep, preceding as well as during this partial waking. After crying for half an hour to an hour loudly enough not only to wake the household, but the neighboring households, if the season be summer and the windows be open, the affair will terminate for a time with taking the breast, or, a little older, a drink of water; again by urinating, and quiet will reign once more. But till the spell is over, every attempt to hush or pacify is futile. And the quiet may be broken again and yet again in this violent manner before morning comes, and the "*enfant terrible*" rises to take a hearty breakfast, and exhibit a physique in nowise worse for the ordeal to which he has subjected his sleep-bereft parents.

In another case, this abnormal wakefulness of the lower brain may give rise to Somnambulism. A little girl of seven and a half or eight years old had, probably from her birth, this habit. Before she was two years old she got up

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from her bed in the night and walked off a long flight of back stairs, reaching the bottom a mass of bruises. From that time to four months ago, when I undertook her cure under the penalty of being laughed at, by my permission, if I failed, the father soberly and steadily asserted that there had not been a night when she had not risen in her sleep, and attempted at least to leave her bed. She was usually restrained from doing this, but occasionally eluded her watchers — say before they had retired — and appeared in a part of the house where she was little expected, talking loudly and connectedly, but not rationally; sometimes engaged in flower-gardening, as she thought, sometimes in other ways. The loudness of her tone was, doubtless, due mostly to the fact that she had acquired that habit during waking hours, in talking with her mother, who is very deaf. Being led back to bed she would go to sleep, often, however, to repeat, or attempt to repeat, the affair from once to several times during the night.

I was not a little suspicious of the assertion that this occurred *every* night without exception, and took pains to assure myself of the substantial accuracy thereof, by questioning the mother apart from the father, who first related the case to me. She didn't wish to say that during the six years since she had known of the sleep-walking tendencies of her daughter there might not have been a night when she did not offer to leave her bed; neither, on the other hand, could she say that there had been such a night. One thing she could say, which was, that for these six years she had been held a close prisoner to the immediate vicinity of her daughter's bed, every night from the time when the daughter went to bed, to the time when she went to bed herself; and she had learned to waken at the daughter's slightest motion (the beds adjoining each other), and restrain her if she attempted to rise. This she had learned to do in spite of her almost complete deafness.

But she says, "I don't believe you can cure her. I did just so before her, till I was almost old enough to be

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married; and I am now so fixed in the habit of watching her both before and after I go to bed, that I believe I should continue to do so even if she were cured; so there would be no great gain."

I was to be laughed at after six prescriptions if not successful. Consequently I felt it incumbent upon me to study the case carefully, and waste no shots. So I began to inquire as to the health of the patient in other respects; to get the concomitant symptoms, in other words. I obtained almost nothing. The girl, as I might have known, from having met her almost daily for a number of years, appeared very well indeed during the day; dancing and singing, and rollicking all day long; somewhat headstrong and saucy, but otherwise there was nothing remarkable in her disposition. Appetite fair and even; bowels regular; complexion clear and healthy.

It is precisely in such cases as these where the disturbance of sleep appears to rest on no discoverable lesion, the health during the day being unbroken, that I have learned, by repeated success with it, to prescribe *Sulphur*.

However, these successes did not prevent my resorting first to another remedy in this case, to which I was directed by C. Lippe's new repertory, page 241, where, under "Somnambulism," *Opium* is italicized together with *Bry.*, *Phos.*, and *Sil.* *Sulphur* also occurs in this rather small list of remedies, but not in italics.

Now a few months previous it had happened that I used *Bry.* and then *Phos.* for this patient, taking the Somnambulism merely as a hint toward the selection of a remedy for her temporary loss of appetite, with coated tongue, during hot weather. She recovered from the latter symptoms finally under *Puls.*, but neither of the remedies made the least difference to the Somnambulism.

Opium 3^{x} trit. then was prescribed on Nov. 25, 1880. A powder on rising, going to bed, and upon every rising in sleep, providing such risings were at least two hours apart. Under this treatment the second and third nights were un-

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broken by any attempt to rise, and I began to be complacent about it, remarking to the father that it was certainly an improvement on the old order of things; alas, the fourth, fifth, and sixth nights she again rose, and was rather uncommonly hard to get to bed. The seventh night all was well again; but after that she rose every night as long as the remedy was continued, which was until the 7th of December,—thirteen days from the start. So far as the parents could see, she was precisely the same as before taking the remedy. Then the father began making excuses for me, saying he thought I had taken an unfortunate time, as his little girl's head was so filled with their preparations for Christmas during the day, that it was no wonder the medicine didn't work; thought I should have a better chance after Christmas.

I replied that the true remedy, when I found it, would be no respecter of Christmas excitement.

I then put the patient upon *Sulphur*[30], six powders; one to be used night and morning for three days, then blanks for ten days more. She rose in sleep after taking the first powder at bed-time. She rose once, a fortnight afterward, the occasion being, probably, the eating of a very large apple after supper. She has not offered to rise from her bed in sleep since Dec. 22, *three days before* Christmas. At very rare intervals since then she has sat up in bed and talked a little and lain down again. She has received no more medicine. I made no change whatever in diet, or in any other circumstance of the patient. The scepticism of the parents concerning the cure was freely expressed in the presence of the child.

This is the only well-marked case of Somnambulism which has come under my treatment.

Of the crying variety of semi-waking trouble I have had a number of cases in which *Sulphur* has been a prompt and efficient remedy. Latterly I have prescribed it in the 30th potency. In the case which I will briefly relate it was used first in the sixth dec., and then in the two hundreth potency.

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In the spring of 1879 I had a patient who complained bitterly that at just the time when she felt that she could otherwise have slept, the baby of the family in which she was staying waked from sleep and cried so loudly that sleep entirely forsook her; and, as he did this every night, it was quite seriously retarding her recovery. The mother of the child finally mentioned its crying as a source of wakefulness to the patient, but said she could do nothing about it. The baby had been treated by old school and new school as long as either physician seemed to care to do so, with only the most transient relief. As in the case of the somnambulist, this was also asserted to have been an invariable every-night occurrence since the baby was born, except for a very few nights, while he was under some pretty strong medication. As he was now between two and a half and three years old, hope of cure had waned in the minds of the parents almost to disappearance. I will not describe this case further than to say that I had it in mind as typical in the beginning of this paper. Fleshy and vigorous, his vigor was well known to the neighbors through his vocal efforts at night. His mother told me she did not think she and her husband had averaged over four hours of sleep per night since the child was born. The face was usually very red during sleep, and in his semi-waking state he would generally drink very freely, if offered water, and would then lie down and sleep for a while. *Sulphur* brought immediate and permanent relief. I think of *Sulphur* now in nearly all night troubles of otherwise healthy children.

It is not long since an epileptic child of eight years, who was having seven attacks in twenty-four hours, upon receiving *Sulph.*[30] from me ceased having them at once, and had no more for six days; then had one, and no more for seven days; then had several. But upon receiving the 200th of the same remedy, ceased again, and, when last heard from a few days ago, had had no more. No change in diet or other habits. I thought of *Sulphur* in this case, because she had more than half her attacks during the first three hours of sleep.

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X.

MENINGITIS WITH EFFUSION, COMPLICATING MEASLES.

R. E. JAMESON, M.D., JAMAICA PLAIN.

LUCY———, aged 17 months, had measles. On the fifth day after the eruption appeared the child became cross and irritable, wakeful, starting at least noise, and, when sleeping, moaning, often starting with a scream; vomiting, though not excessive, flushing of face, intermittent breathing,— at times very rapid, again almost imperceptible.

These symptoms in a few days gave place to drowsiness and stupor, the child taking no notice of anything, grinding of teeth, rolling head on the pillow, and occasionally raising it from the pillow. This condition lasted four or five days, and consciousness gradually returned; but the little patient was not yet out of the woods, for Broncho-pneumonia set in, which again threatened life. She was very cross; wanted to be carried continually; could not bear to be touched or looked at; and almost constant boring with the finger into the nose. These symptoms gradually gave way, and she next had a succession of boils and abscesses, with an offensive Otorrhea, nose full of crusts, and dry, parched lips.

These symptoms have been relieved, and she is now pretty well, with the exception of a slight cough, discharge from one ear, and constipation from want of power in rectum to expel the stools.

The treatment has been as varied as the phases of the disease. *Bell.*, *Cham.*, *Hellebore*, *Cina*, *Antimonium crud.* and *tart*, *Hepar Sulph.*, and for the present condition, *Silica.*

I have reported this case not because of anything remarkable in itself, unless it be the fact that an infant could live through such a series of diseases, but to bring out what I be-

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lieve to be the cause of many, at least, of the complications from which she suffered, and that was over-feeding. She was nursed four or five times during the night, and as often as she desired during the day, notwithstanding the mother was warned to discontinue it.

XI.

RUPTURE OF BLOOD-VESSEL IN THE BRAIN CAUSING DEATH IN A NEW-BORN CHILD.

CHAS. H. FARNSWORTH, M.D., EAST CAMBRIDGE.

JAN. 30, 1881, was called to attend Mrs. H—— in confinement, which was her fourth pregnancy; every condition was normal, and after six hours of comparatively comfortable labor she gave birth to a bright and perfectly developed boy. The child seemed bright and lively, the mother comfortable and strong. The child nursed as strong as young infants do, and seemed perfectly well until Tuesday night, when at midnight the nurse was wakened by a few sudden sharp screams, and upon looking at the child its face was almost perfectly livid, its breathing feeble and quick, and seemed as if dying. Looking carefully, she noticed a swelling of the head pushing out between the parietal and occipital bones a little on the left side. I was called early Wednesday morning, and found it was a hemorrhage, which had already produced so much pressure upon the brain that the child was unconscious, its eyes rolling as if approaching convulsions. The hemorrhage continued, the swelling increased; convulsions occurred which continued without intermission until Friday noon, when it died.

This case is referred to for its singular interest when compared with the previous births. The first child in 1875 was a boy, and the labor being severe and protracted, caused hemorrhage and extravasation within the cranium, which resulted in death in one week. The second child was a girl:

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a very quick and easy labor; no unpleasant symptoms following, and the girl now four years old, living and well. The third labor, comparatively easy, resulted in the birth of another girl, now two years old, living and well. This fourth labor, which we here speak of, was comparatively easy, resulting in the birth of another boy, which seemed to be well, but lived only five days, dying with a condition similar to the first boy,— the first caused by a severe labor; and, in the case of the second, occurring without apparent cause. Why should this occur to the two male children, and not to the two female children born in the interval between them?

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PUBLICATIONS

OF THE

MASSACHUSETTS

HOMŒOPATHIC MEDICAL SOCIETY.

1881.

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PROCEEDINGS

OF THE

SEMI-ANNUAL MEETING,

OCTOBER 12, 1881.

THE Semi-Annual Meeting of the Society was held in the Meionaon, Tremont Temple, Boston, on Wednesday, October 12, 1881.

The meeting was called to order at 10.30 A.M., by the President, J. T. HARRIS, M.D., Boston.

The records of the annual meeting, and of the meetings of the Executive Committee, were read by the Secretary, and approved.

The following were elected to membership:—

FRANK JOY FESLER, M.D., D.D.S., Lowell; ANNIE E. FISHER, M.D., Boston.

The following amendment to the By-Laws was offered by Dr. H. C. CLAPP, Boston: To Art. XXV. add the following: "Newly-elected members shall not be liable to assessment during the year of their election."

Referred to Drs. CLAPP, J. HEBER SMITH, and WHITTIER.

Committee on Pharmacy made no report.

COMMITTEE ON SURGERY.

Paper by J. H. SHERMAN, M.D., South Boston, on Hydrocele. (XII.)

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Paper by I. T. TALBOT, M.D., Boston, on The Uses and Abuses of the Probe in Surgery. (XIII.)

Paper by J. K. WARREN, M.D., Palmer, on Incised Wounds. (XIV.)

The Committee appointed at the April meeting to consider the question of an Insane Asylum under the care of Homœopathic Physicians, reported through J. HEBER SMITH, M.D., Melrose. (XV.)

On motion of Dr. MORSE, of Salem, the following resolutions were adopted:—

Resolved, That the Massachusetts Homœopathic Medical Society heartly indorses the report of its Committee on a Homœopathic Insane Hospital, and considers that the time has fully come when the State should furnish to its dependent insane the more efficient as well as more humane treatment of Homœopathy.

Resolved, That the Committee be requested to prepare and circulate petitions to the State Legislature; and that the members of this Society, the homœopathic physicians, and the friends of Homœopathy in Massachusetts, be earnestly requested to use their influence with the press, the people, and the Legislature, that this want be provided for at the earliest possible moment.

COMMITTEE ON GYNÆCOLOGY.

Subject: Uterine Displacements.

S. M. CATE, M.D., Salem. Pathology.

L. M. PORTER, M.D., Boston. Etiology and Symptomatology. (XVI.)

H. K. BENNETT, M.D., Fitchburg. Treatment. (XVII.)

E. L. EASTMAN, M.D., Fitchburg. Influence of Dress on Uterine Displacements. (XVIII.)

F. W. BBADBURY, M.D., Providence, R.I., was present as a delegate from the Rhode Island Homœopathic Medical Society.

At 1 P.M. Society adjourned for lunch.

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AFTERNOON SESSION.

Called to order at 2 P.M.

Annual oration was delivered by J. L. COFFIN, M.D., West Medford. (XIX.)

COMMITTEE ON ZYMOTIC DISEASES.

Papers by W. B. CHAMBERLAIN, M.D., Worcester:—

1. Water Treatment of Typhoid Fever. (XX.)
2. Diet in Typhoid Fever. (XXI.)

MISCELLANEOUS PAPERS.

Obesity. J. H. SHERMAN, M.D., South Boston. (XXII.)

Clinical Case. MARTHA J. FLANDERS, M.D., Lynn. (XXIII.)

On motion of Dr. H. L. CHASE, Cambridgeport, it was voted to meet at Wesleyan Hall, Bromfield Street, Boston, for the April meeting, 1882.

Adjourned at 3.30 P.M.

HERBERT A. CHASE,
Recording Secretary.

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XII.

HYDROCELE—RADICAL CURE OF.

J. H. SHERMAN, M.D., SOUTH BOSTON.

P. H. F., aged about fifty-five years, strong and healthy, applied to me in November, 1879, for treatment of Hydrocele. Said it first made its appearance about eight years previous. After two years from its first inception, he applied to Dr. Geo. W. Gay, who opened the sack freely with a bistoury. The probability is that the doctor operated in this manner rather than by the usual method, for the reason that he was at a distance from his office, and had no trocar with him. It was several months before the sack began to fill, and then slowly increased until he applied to me. I drew off about a quart of fluid by means of an ordinary trocar. In April, 1880, he again applied to me to be tapped. This time there were nearly three pints of fluid. After emptying the sack, found there was much enlargement of the parts, due to inflammatory thickening and deposit of interstitial tissue. I now injected into the sack half an ounce of the *Tincture of Iodine*, and by manipulation brought it in contact with the entire surface of the secreting sack. The patient was immediately seized with severe pain in the lower part of the abdomen, which he described as colic. His agony became intense, the cold sweat stood on his face in big drops, he was deathly pale, and collapse seemed imminent. Knowing whiskey would be an agreeable stimulant, ordered him a whiskey toddy, strong and hot. It seemed to have no effect in reducing the pain. A sixth of a grain of morphine was injected into the arm, which soon gave relief. Severe inflammation and swelling of the scrotum ensued. This was treated with applications of cold water externally, and *Aconite* internally. The inflammation subsided in a few days, absorption of interstitial deposit took

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place, the parts gradually resumed their normal condition, and there has been no return of the Hydrocele. Now, the question I would like answered is, How was this severe colic produced? My first conjecture was that I had wounded a nerve, or had injected the *Iodine* into a blood-vessel. There was no great pain or smarting in the scrotum itself, where one would naturally suppose it would have been; all pain being referred to the lower part of the abdomen. If any one is curious to know why so strong a preparation of *Iodine* was used, would answer by saying that it has been unsuccessfully used in the diluted form, and the failures were in consequence of not using it in sufficient strength.

After my experience with this case, I might hesitate before employing the tincture again, though the final result was all that could be desired. I would add that this idea of using the strong tincture is not original with me, having gleaned it from some treatise on the subject, probably in "Braithwaite's Retrospect."

XIII.

ON THE USES AND ABUSES OF THE PROBE IN SURGERY.

BY I. T. TALBOT, M.D., BOSTON.

THE form and characteristics of the probe would indicate its great usefulness as well as entire harmlessness. Its length, small size, rounded, smooth extremity and sides enable it to be passed with a certain impunity into deep and obscure cavities, and among most delicate structures. It cannot, without undue force is used, rupture a vessel of any considerable size, or even injure a nerve, while it may demonstrate the size and form of any cavity, and detect foreign bodies contained therein. It was a favorite saying of Velpean that "the finger is the best probe," and those who have seen him use his withered, but extremely sensitive finger,

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will remember the wonders it used to perform in diagnosis. But the sphere of the finger is limited, and the probe is but its elongation, and its usefulness is enhanced in proportion to the fine tactile sense which wields it.

It is not difficult to distinguish a hard from a soft substance, stone or iron from muscle. One unaccustomed to its use may not find it an easy matter to distinguish a tendon from bone, or even from some foreign substance like wood, but careful training may so educate the sense of touch that it can readily distinguish at the end of a probe not only the size and shape of an object, but to an astonishing degree the material of which it is composed. Thus Civiale, after long practice in his particular art, was able not only to seize readily with his instrument a calculus in the urinary bladder, but to diagnoze correctly its character, size, and weight before crushing. It is perhaps unnecessary to dwell at length on the many and various uses of the probe in skilful hands, but it may be worth our while to consider when it should not be used. There are some surgeons who always want to be probing a wound to see how deep or how wide it is; whether it has filled up any from day to day; or, if it be a narrow incised wound, to put the probe in its full depth daily, as if for no other reason than to demonstrate each day the direction of the wound. Such practice I look upon not only as useless, but pernicious.

In the first place, after the direction and size of the wound has been determined, the treatment cannot be aided by any repetition of the probing. Secondly, if the wound is deep either into muscular or areolar tissues, or into any cavity, the probe often takes a wrong direction, and if absolute mischief is not done, it may lead to very erroneous conclusions. This was notably the case in the treatment of our late President. Here the probe, placed in the hands of most distinguished surgeons, fearfully misled them, for while they daily demonstrated that the bullet had taken a downward direction, and was lodged in the anterior wall of the abdomen, near the right groin, eleven inches from the point of entrance, the

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autopsy proved that it was fifteen inches distant from the supposed point, and in an entirely different direction. Moreover, it was found that the probe, instead of passing eleven inches along a bullet track, only went some five inches in depth, and then doubled upon itself. It would be very difficult to find any possible good arising from those ninety days of probing. Thirdly, the presence of a probe or any foreign substance in a wound is injurious, in that it does violence to the delicate granulations which are closing the wound, and serves to induce increased suppuration. This also was strikingly exemplified in President Garfield's case, for while the bullet's track was quite healed in that part which the probe never touched, a large cavity with granulating surfaces was formed and filled with pus in that part where the probe made daily visits. May not this have done much to produce that unmistakable pyæmic condition exhibited in the multiform abscesses, as well as in the extreme gastric disturbance?

Three cases which have come under my care exemplify the bad results of too frequent use of the probe:

Case I.—A man 35 years of age, of scrofulous temperament, had received an injury of the right knee, which had resulted in caries of the head of the tibia. Two small pieces of bone had been thrown off, and under almost daily probing for six months the sinus had reached a depth of about an inch and a half. The cavity in the bone was rough and jagged, and spiculæ were easily broken by the point of the probe. An unfavorable prognosis was given, yet under *Calc. Carb.*, and the local application of *Symphytum* lotion, together with the disuse of the probe, the sinus entirely healed, after having thrown off several spiculæ of bone.

Case II.—A woman of 65 had severe periostitis and intercellular inflammation of the mastoid process, which went on to suppuration. A free incision evacuated considerable pus, and left the bone denuded. Necrosis followed, and two small pieces of bone were thrown off. Daily probing kept the wound open nearly three weeks, with discharge each time of considerable watery pus. The bone was quite rough,

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and the prognosis was grave. The lady was extremely sensitive, and suffered the greatest dread at the thought of having the wound probed, and begged in the most piteous manner that I would not again insert the instrument. I told her I could not answer for the consequences if this matter were allowed to accumulate. She expressed willingness to take all the responsibility, and upon the cessation of probing the wound almost immediately closed, the pain subsided, the swelling diminished, and she rapidly recovered.

Case III.—A boy 12 years of age injured his skull by collision with the sharp iron point of a sled. The periosteum was broken, and a small piece of the bone exfoliated. This piece I removed, and it left a roughened surface which continued to discharge daily. Two months afterwards I was called to see the boy again, and found the wound still discharging freely, and quite as large as when I had removed the bone. The attending physician had carefully probed the wound from time to time to give free exit to the matter, and to learn the precise condition of the wound. I advised the disuse of the probe, and in two weeks the wound was entirely healed, without any untoward results.

There are certain conditions and places which would contra-indicate the use of the probe, such as a clean wound, even a very short time after its edges have been brought together. Separation and interference by means of the probe will almost certainly produce suppuration. In wounds of the abdominal cavity, or of the thorax, probing can do no good, and probably will do much harm. In abscesses, frequent probing injures rather than benefits. As the pricking and squeezing of a boil only enlarges and aggravates, so it is with the aimless interference with the probe; it only increases irritation. If the probe is to be used it should be always gently, with a certain definite object to be attained, which should be carefully kept in view. It has been said that the surgeon, when he uses the probe, should place his eye on the point of it. Certain it is, that when he has fully accomplished what he undertakes, or all that he is able to do with the probe, he should lay it aside till another case clearly calls for its use.

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XIV.

INCISED WOUNDS.

J. K. WARREN, M.D., PALMER.

WHATEVER our pretensions or non-pretensions to surgery may be, we are all called upon to treat more or less cases of wounds of various kinds; and where these occur upon the exposed parts, as they often do, as upon the face and hands, the matter of a scar is one of no little interest for the patient, and therefore one worthy of our attention.

The healing of wounds may be accomplished in five ways:

1st.—By immediate union.

2d.—By primary adhesions, or union by adhesive inflammation.

3d.—By granulations.

4th.—By secondary adhesion, or union of granulations.

5th.—By scab.

Adhesion by first intention is always desirable, and should be striven for in all cases of incised wounds, and all wounds not involving a loss of structure, or where the parts are not too badly bruised; and to secure this object three conditions are necessary:

First, perfect cleanliness; and I wish to emphasize the word "perfect," for we cannot use too much care to see that all foreign substances of every kind, as well as the blood, which now becomes a foreign substance, is removed; and, in accomplishing this, great care should be taken not to bruise or injure the tissues; all scrubbing or wiping even with a soft sponge should be avoided. The best method to employ is a jet of water, which should be as nearly of the same temperature as that of the body as possible, and this must not be used with too much force. The parts are now to be carefully dried with a soft cloth or fine sponge.

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The second condition is perfect coaptation. This requires, many times, not a little care and painstaking to accomplish; for if the parts are not brought together and held there in position, gaping will result, and this fissure will be filled with cicatricial tissue. Upon the other hand, if the parts are drawn too closely together, either by sutures or plasters, there will be either inversion or eversion of the edges; and, should the wound be large, allowance should be made for the swelling and tumefaction which are liable to occur.

The third condition is rest of the parts. A wound should not be too often disturbed. Bestow all attention upon the first dressing, and then let it remain until the discharge is such that it requires re-dressing. In an address delivered by Prof. Volkmann before the International Medical Congress at London, in August last, he said:—

"To-day we may say, with the deepest conviction, that the surgeon is responsible for every disturbance that occurs in a wound; that it is his fault if even the slightest reaction or redness is developed in it, or if an amputation is not healed by first intention. He must reproach himself severely if, after an operation, bagging of pus occur, and especially if death occur from pyæmia. He who cannot attain this degree of perfection may be converted from his former methods of treatment to antiseptic methods,—like one who having hitherto always prescribed *Senega* for Catarrh, now uses *Ipec.*"

These claims Prof. Volkman makes for the antiseptic method, in which he seems to have almost unbounded faith.

Upon the other hand, equally eminent surgeons claim like good results without the use of antiseptics. Even Lister himself, the author of the method, admits that the use of the spray is questionable; and, as we know, several deaths have resulted from its use, and in many others it has produced the characteristic green urine of carbolic acid. That good results have followed the use of the antiseptic method, we are ready to admit; but whether, if the same amount of care were used in the dressing, and the same scrupulous neatness observed, we might not obtain equally good results, is still

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a question. The infrequent dressing which is practised by the Lister method is no doubt an advantage. I am convinced that many of us are in the habit of dressing recent wounds too often, and thereby retard the healing process. I believe, also, that all lotions, washes, and wet applications of every kind should be avoided, as they not only promote fermentation, and wash away the lymph that is thrown out, but keep the edges of the wound in a soft, flabby, and anæmic condition. I would as carefully avoid all salves, ointments, and cerates, believing that Nature, who always makes an effort towards reparative process, has made ample provision in this direction, and of an article superior to any that we can compound.

XV.

REPORT OF THE COMMITTEE OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY ON AN INSANE HOSPITAL.

Your committee on a Homœopathic Insane Hospital submit the following as their first report:—

It is felt by your committee, and by many of the physicians and thoughtful laity of the State, that the time has come when we should request the State to provide homœopathic treatment for the insane who are necessarily placed under its care. On account of the existing state of feeling on the part of many in the profession, it would probably be better to have such treatment provided in a separate hospital rather than in those now existing.

At this point it seems pertinent to declare that Samuel Hahnemann, the founder of Homœopathy, was the father of reform in the management of the insane. Previous to the year 1792, the treatment of the insane was barbarous and cruel; asylums were managed like prisons, and were full of devilish devices for the punishment of lunatics; the patients

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were regarded and treated as wild beasts rather than human beings. At that time two illustrious men, Hahnemann and Pinel, showed practically that the insane can be ruled by kindness more easily than by severity. The part taken by Hahnemann in the initiation of this reform is not generally known, even among his followers, as it was the work of but a short period of his life, and was overshadowed by the brilliant results of his investigations in the field of Materia Medica. In the year 1792 he was appointed to the charge of an insane asylum in Georgenthal, and in a published report he advocates gentle treatment of the insane in these words: "I never allow any insane person to be punished by blows or other painful corporeal inflictions, since there can be no punishment where there is no sense of responsibility, and since such patients cannot be improved, but must be rendered worse by such treatment." Toward the end of the same year, 1792, by some accounts, Pinel made his first experiment of unchaining the maniacs in the Bicêtre; but, from a sketch of his life written by his nephew, it appears that his appointment to the Bicêtre was in the latter end of 1793, and not in 1792. Thus his work of reform among the insane was begun fully a year later than that of Hahnemann. We may, then, justly claim for Hahnemann the honor of being the first who advocated and practised humane treatment of the insane.

As the founder of Homœopathy was one of the first to lead in the benign change from harshness to kindness, it is fitting that we, his followers, should place ourselves in the very front of reform in the management of our asylums, and in the medicinal treatment of their unhappy inmates.

From the reports of the Commissioners upon Lunacy, and from every trustworthy source of information at hand, it is felt that the hospitals now under the management of allopathic physicians, and having the ordinary medicinal treatment, are confessedly behind the times. Massachusetts institutions have not been excepted from the merited censure of foreign experts, even within the last few years.

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The methods of restraint are condemnable, and the medicinal treatment, even by allopathic showing, amounts to nothing, or worse than nothing. It is general, crude, and well-nigh exclusively narcotic, and may fairly be summed up in the indiscriminate administration of *Morphine*, *Chloral*, and the *Bromide of Potassium*,—all which, in the opinion of eminent British authorities, but serve to convert curable cases into cases of hopeless mania or imbecility. Mild cases are left to the questionable influences of time and environment, without an attempt at remedial aid by the individualization of cases, and the removal of the exciting causes of disease; nor has allopathy availed itself of the scientific and rational study of the pathogenesis of drugs, initiated and now being advanced by our own school of practice.

The results with the insane under homœopathic treatment, in asylums as well as in private practice, show that we are better equipped than the old school of practice for contending with mental diseases, and that we have no need to resort to their heroic and paralyzing doses of narcotics. The milder means are more efficient in insanity as well as in all other curable diseases.

There are at present four hundred homœopathic physicians in this State, and a very large proportion of the tax-paying citizens favor Homœopathy, and prefer to place their sick under the care of physicians of that practice. By the lowest estimate, drawn from our extended correspondence the past summer, about two hundred cases of insanity, for which either the patients or their friends desire homœopathic treatment, come annually under the care of this State. Has not the time come when this Commonwealth should extend to its citizens liberty of choice in this important matter?

The most careful estimates show that there are in Massachusetts about 4,500 persons whose insanity has been legally established; and this number, from various causes that we need not now discuss, is yearly augmenting. The State provides in its various asylums for 3,500, leaving about 1,000 insane to be cared for in almshouses, in the hospitals

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of other States, or in private hands. It is, then, apparent that the request for an additional hospital in which the treatment shall be homœopathic is most opportune, since the State is in need of enlarged and improved facilities for the treatment of its insane. In building and in furnishing the insane hospitals at Danvers and at Worcester alone, this Commonwealth has expended the sum of $2,735,000 since 1873! In the grandeur, beauty, and completeness of these hospitals there has been shown a liberality that appears like prodigality. But in this vast expenditure,—a portion merely of the State's entire outlay for its insane,—the wishes of the homœopathic tax-paying citizens have not been consulted, nor have they had any voice in the management of these hospitals, or in the treatment of their insane friends and patients.

We desire furthermore to recommend that properly-qualified women physicians be empowered to act upon the staff of insane hospitals of our own, as well as of the hospitals throughout the State. We deem this necessary for the thorough and considerate treatment of insane women. It is a debt of honor and of reparation that is due to woman in this glorious century of her development, not only for her achievements in medicine, so cordially facilitated by the homœopathic school of practice, but more especially on account of the galling and flagrant abuses which womanhood is suffering at the hands of men in asylums for the insane.

We would also recommend that consulting boards of general practitioners be instituted, and that when our own institution shall be given us it shall be made available as a field of education and of practical training for young graduates of merit, who shall there fit themselves for the treatment of the insane.

Finally, your committee earnestly recommend that they be authorized, by a vote of this Society, to appeal in its behalf to the General Court of Massachusetts, for the passing of an Act to provide homœopathic treatment for the insane, and that they have full powers to circulate petitions and

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employ the potent influences of the press and pulpits of the State to lend force to their appeal.

Respectfully submitted by your committee,

I. T. TALBOT, M.D.
SAMUEL WORCESTER, M.D.
J. HEBER SMITH, M.D.
H. C. CLAPP, M.D.
W. B. CHAMBERLAIN, M.D.
D. B. WHITTIER, M.D.
A. J. FRENCH, M.D.

BOSTON, Oct. 12, 1881.

XVI.

THE ETIOLOGY AND SYMPTOMS OF UTERINE DISPLACEMENTS.

LAURA M. PORTER, M.D., BOSTON.

IN taking up the division of uterine displacements allotted to me, viz., the etiology, and the symptoms thereof, I shall speak in rather a general way, calling attention to a few points which seem to me important; for I believe each case of uterine trouble a study by itself, to be diagnozed and treated individually; and to attempt to speak minutely of all the varieties of cause and symptoms would be impossible. Whether some physicians attach too much importance to even slight displacements, while others allow apparently quite serious ones to pass unnoticed, is not easily decided; there is certainly a difference of opinion among even our best authorities.

In naming the *causes* of displacements, *pregnancy*, with all its results, stands perhaps foremost. The changes it produces in the size, weight, and vascularity of the uterus; the straining of the ligaments; the injuries incident to labor, especially the laceration of the perinæum; and the retrograde action which all the tissues must undergo after deliv-

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ery,—all combine to make it a prominent cause in uterine displacements. We all know in how comparatively few cases involution goes on perfectly after confinement, and the uterus and its appendages are restored to their normal condition.

Menstruation is another powerful factor in causing displacements. At this period a displacement is much more easily produced than at any time, owing to the congested and weighty condition of the uterus consequent on this function; and dancing, skating, or any jar which at another time might pass unnoticed, may now prove serious in its results. Aside from this contingency, the retention or suppression of the flow is a cause of displacement, which Prof. Ludlam thinks has been too generally overlooked; and he quotes a case which presented symptoms of, and was diagnozed by several physicians as, ulcer of the stomach, attended by all the usual symptoms: vomiting, pain, loss of appetite, constipation, and extreme nervousness. An examination revealed a sensitive and prolapsed uterus, which was replaced, and suitable remedies given. Within a fortnight the menstrual flow, which had been suspended for seven months, was re-established, and health was soon restored.

One would naturally think that neither the condition of pregnancy nor the function of menstruation should be a cause of displacement; for both are, or should be, physiological rather than pathological conditions; but as society exists at present, they must be acknowledged as among the most prolific sources of trouble. Another cause, or group of causes, to be added to the list, are those follies of dress chargeable to the so-called usages of modern society. One of these, tight-lacing, is, I am glad to say, growing rather unfashionable, a small waist not being considered so desirable or beautiful as it was a few years ago; but too much of the practice still remains. Any style of dress by which the pelvic organs are crowded down lower into the pelvis than they belong, can but produce serious results. Quite as bad, perhaps, and as fruitful a cause of uterine troubles, is the

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wearing of heavy skirts hung from the hips, instead of being properly suspended from the shoulders. There is no doubt in my mind that, if the style of woman's dress were changed, a large proportion of all the uterine troubles would disappear. If the girl were allowed the same freedom which is given to her brothers, and left to develop as naturally, we should have a healthier race of mothers in our land. Let me finish the list of causes by simply naming some which are familiar to us all,—such as the various growths, intra-uterine, interstitial, or ovarian; lesions resulting from various inflammations, and accidental causes, as falling, jumping, blows, etc.

Second. The symptoms and effect on the general health produced by uterine displacements. Every physician, of even limited experience, has doubtless found that the symptoms are many and various, which sooner or later have been ascribed to uterine displacements. The ordinary "dragging and bearing down sensation," backache, headache, leucorrhœa, dysmenorrhœa, pain in the hips and sacrum, constipation, which sometimes puzzles us to decide whether it is a cause or effect, with all the so-called reflex and hysterical manifestations, are familiar to us all, and hardly need to be named. As the displacement exists in a greater or less degree, these symptoms increase or decrease in severity, and the patient's whole health is affected. Bladder, kidney and liver troubles appear as the intra-pelvic circulation is deranged or interfered with, and nervous pains not at all imaginary, but resulting from pressure upon some ganglionic centre, give rise to suffering often very severe. In a recent report of the Gynæcological Society of Boston, is an article bearing on this subject, entitled "Functional Diseases of the Nervous System Dependent upon Diseases of the Uterus." The writer spoke of the relations exisiting between the uterine system and the nervous system in a physiological state, as shown by the disorders of the latter incident to menstruation and pregnancy, and hence inferred that disease of the one must naturally induce disorder of the

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other, manifesting itself in the various forms of hysteria, catalepsy, and hystero-epilepsy. The position of Grailly Hewitt was indorsed, that so far as organic cause can be assigned for the production of the neurosis, it must generally be referred to a chronic flexion of the uterus, although the flexion is to be considered the exciting cause of hysterical disturbance, back of which must be the irritable condition of the nervous system peculiar to the individual. Three cases are cited in which hysterical symptoms, strongly marked, in one case attended by convulsions and unconsciousness, disappeared when the retroflexion present in each case was remedied. In one of the cases, upon removal of the pessary which had been worn, the convulsions returned. These three cases, of course, cannot establish much of themselves, but are of interest, as in all the condition of flexion was present. Other displacements, versions especially, may give rise to hysterical phenomena; and how far the *ovaries* may be instrumental in bringing about this result, is a question not yet decided, but in all displacements they are more or less involved. The field is a broad one, and certainly is still open for study.

XVII.

TREATMENT OF UTERINE DISPLACEMENTS.

H. K. BENNETT, M.D., FITCHBURG.

THE treatment of uterine displacements is either medical, mechanical, or surgical. A small minority of the profession ignore mechanical treatment, and rely wholly upon internal medication, while another class depend entirely on mechanical appliances. It will be the earnest endeavor of the author of this paper to show, that in order to successfully treat all cases of uterine displacements, we must in many cases resort to both medical and mechanical means, and are often obliged to have recourse to surgical treatment. We

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have listened to the able papers of my colleagues on the pathology, diagnosis, etiology, and symptoms of uterine displacements, and the treatment of many cases is very ably foreshown by Dr. Porter in her paper on its etiology. It is in harmony with my experience that in recent cases the removal of the cause will, in the large proportion of cases, prove sufficient to restore the uterus to its normal position in the pelvis. You will therefore observe that the first duty of the gynæcologist in treating uterine displacements is to remove the cause whenever practicable; secondly, restore the uterus to its normal position; and lastly, to maintain it there by suitable mechanical support, when necessary.

We will first consider the treatment of anteversion of the uterus. Anteversion is the most frequent form of uterine displacement, and in parous women, subinvolution the most frequent cause. If we find, upon careful examination, a laceration of the cervix, perineum, or both, these must first be repaired by the art of surgery before anything further can be done. If we find the uterus pressed downwards by any superincumbent weight, such as improper mode of dress, the presence of tumors, or a mass of fat in the omentum, we must unburden the uterus by changing the style of dress, so that no pressure will crowd the abdominal organs upon those contained in the pelvis. In cases of tumors, or when a fatty omentum is pressing upon the uterus, these must be elevated into the abdominal cavity, and there supported by some external device, such as Gray's & Foster's, or Banning's abdominal supporters. If the uterus is subinvoluted, the walls thickened, and by its own weight falls forwards upon the bladder, we must use vaginal injections of hot water, tamponade the vagina with cotton tampons saturated with glycerine, and practise uterine massage until the uterus becomes involuted. These cotton tampons should be introduced as follows: First, the uterus should be replaced by pressing the fundus upwards, and a tampon placed in the anterior *cul-de-sac;* then, with the index finger, the cervix should be drawn forward, and one or more

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tampons introduced in Douglas's fossa. The glycerine in these cases should be carbolized, and the tampons can remain from twenty-four to forty-eight hours, when they should be removed, and freshly-prepared ones introduced. This method, aided by the proper internal remedy, will, in a few weeks, enable us to use a Thomas's anteversion pessary. The internal remedies which I have found most useful are *Lillium*, *Belladonna*, *Sepia*, *Pulsatilla*, *Cimicifuga*. These cotton tampon supports should not be substituted by a hard rubber pessary until all inflammation and tenderness is entirely removed. When a pessary is resorted to, it should be worn until the integrity of the uterine supports is restored, and the uterus reduced to its normal size. In cases of anteversion, where, from acute inflammation, the uterus is bound down to the bladder by adhesions, we must first remove all inflammation and tenderness, if any exist; then, with a suitable pessary, we may, by pressure, stretch the adhesive bands until the uterus can be lifted to its normal position. Such cases require time and patience for both patient and physician. Electricity will be found to be a valuable auxiliary in those inveterate cases, and should be resorted to in connection with the treatment advised.

We will next consider the treatment of anteflexion of the uterus. This form of uterine displacement is frequently met with, and the most difficult to treat. Until recently, anteflexion of the uterus was little understood, and the treatment very unsatisfactory in results. Now, in most cases, we are able to give our patients great relief, and in not a few cases are able to effect a permanent cure. My method of procedure in cases of anteflexion is, first to remove all inflammation and tenderness, by those means mentioned, while speaking of the treatment of anteversion, after which I resort to forcible and rapid dilatation of the cervical canal with Ellinger's steel dilators. . This operation I perform once a month, three to five days prior to the expected menstrual molimen. After the dilatation, I introduce into the cervical canal a cervical plug of hard rubber, or a tent of absorb-

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ent cotton saturated with the glycerole of *Calendula*, at the same time tamponading the vagina with a tampon saturated with carbolized fluid *Cosmoline*. These tents and tampons should be removed every twelve hours, and fresh ones replaced, and repeated until the menstrual epoch commences. In tamponading the vagina, care should be used that the tampons are introduced in front of the cervix, and made to press the fundus upwards. This method of treatment should be repeated every month until the flexion is removed, or other treatment is found necessary. The intra-uterine stem pessary is strongly recommended by many eminent gynæcologists, and it does appear rational that they are just what is needed; but not having had any experience in their use, and knowing that their use has frequently been followed by dangerous, and even fatal, results in the hands of distinguished gynæcologists, I cannot conscientiously recommend their use. Another method of treating anteflexion of the uterus is to divide the cervix posteriorly to the vaginal junction, at the same time incising the anterior surface of the internal os through the mucous membrane, slightly penetrating the tissue. A probe or sound is to be passed over the cut surfaces daily, to prevent the healing process taking place too soon. This operation is said to be successful in the hands of many of our surgeons, among whom I may mention Dr. H. M. Jernegan, of Boston. We should not deny our patients the benefit of this operation after other methods of treatment had proved a failure. In relation to the use of pessaries in anteflexion, I have failed in finding any that was productive of favorable results. In treating prolapsus and procidentia of the uterus, I have found the elastic ring and inflated rubber pessaries most effectual. I prefer the elastic ring over all others. It will be found necessary, however, in many of these cases, to resort to surgical treatment before other than temporary benefit results from the use of pessaries.

The next variety of uterine displacements demanding our attention is retroversion and retroflexion. For the proper treatment of retroversion and retroflexion, I will not take up

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the time of this Society in reciting, but refer you to the able and scientific paper written by our lamented brother, the late J. H. Woodbury, M.D. This paper is published in full in Vol. IV. of the transactions of this Society. I can only add, in connection with the various means there recommended, the application of electricity and the practice of uterine massage. For pessaries in retroversion and retroflexion, I use either Smith's, Hodge's, or Emmet's. There are certain pessaries recommended which I wish to condemn, and discourage their use in all and every case. They are those having an external support, such as Banning's, Shannon's, Wardsworth's, McKintosh's, and a few others. There is only one I will make an exception to condemning, and that is Cutter's, modified by Thomas.

XVIII.

DRESS.

E. L. EASTMAN, M.D., FITCHBURG.

In the treatment of displacements of the uterus, the presence of certain indirect causes leading to these conditions ought not to be ignored. Only one factor of this class will here receive attention, and that but briefly, as a hint of what may be accomplished under the supervision of an intelligent physician. I allude to the improper methods of dress to which the majority of these patients are subjected. The importance of this influence in causing uterine diseases has not in the past been properly estimated, either by the doctor or his patient. But since women have entered the medical profession, they have grown to feel the necessity of a reform in this direction, if the medical and mechanical treatment is to insure a perfect and permanent cure.

The best support for the uterus lies in the tonicity, not only of the surrounding tissues, but in the vitality of the individual muscular fibre of the uterus as well. The most radical return to that natural harmony we call health can

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never be attained until there is perfect freedom of motion, and a complete removal of all weight of the clothing from the abdominal muscles to the shoulders. Exercise, particularly walking, does much to strengthen these muscles; yet who is able to employ this help to a cure, at least to any extent, when pressure downward of heavy skirts, and compression around and upward of the respiratory organs, convert to a laborious task that which ought to give nothing but pleasure and profit?

It is true that right dressing, which allows so many health-giving principles to follow as the natural sequence of its adoption, will be so subtle in its curative power in uterine displacements, that both physician and patient may regard its consideration as worthless. Be assured, however, that the writer can say from personal experience that, if persevered in, it will, when joined to the proper remedial agents, crown the effort with success.

This reform in dress may seem more as a preventive to pathological conditions of the uterus, than as a help to the cure of existing disease. Even granting such to be the case, let us remember that in the future, as never before, the province of advanced medical science will be to prevent disease, so far as is possible, by proper hygienic means, as well as to heal by medical treatment those who are already suffering.

Let us see to it that while we are seeking, by all means in our power, to restore and keep in place the uterus, our patient is not through ignorance or thoughtlessness working against, instead of for the end which she wishes by her physician's skill to obtain: namely, the normal position of the uterus restored by proper treatment, and kept there by the strength of her own muscular vitality.

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XIX.

ORATION.

J. L. COFFIN, M.D., WEST MEDFORD.

"SOME are born great, others achieve greatness, and some have greatness thrust upon them." Among the last unfortunate class must I count myself, ladies and gentlemen, in being called upon to address you on this occasion,— unfortunate in that I find myself endowed with an honor of which I am by no means worthy, and called upon to occupy a position the requirements of which I am but poorly able to fulfil. The proverb says "old men for counsel," and it would seem especially fitting at this time for one older and more accomplished to address you; but as your honorable committee have seen fit to ordain otherwise in their appointment, I claim from you that kind consideration and charitable criticism due the young and inexperienced.

I might invite your attention to a *résumé* of the history of medicine for the past half or three-quarters of a century, or indulge in vehement invective against the intolerance and bigotry of the Old School, or still again boast of the laurels won, and the place now occupied by us as an individual school of medical practice; but history can but be known to all of you; invective or ridicule is not argument; the time for braggartism, if such time ever existed, has passed. We have won laurels, we have a recognized place to-day; but the time has come, it seems to me, when we must look to those laurels if we would preserve them, and to that place if we would maintain and advance it.

Homœopathy neither having been ridiculed out of existence nor persecuted unto death, has at last such a place as to obtain recognition at least, and some degree of apparent investigation from the unconsciously self-styled Dii Majores of medicine. The British Encyclopædia published the pres-

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ent year considers the subject at some length, though very unfairly, its criticism thereon being about as just as would be a judgment on Fulton's little steamboat of 1807 pushing its way up the placid Hudson at five miles an hour, based on the construction of the most approved ocean steamer of the present time, ploughing with sturdy prow the stormy Atlantic at treble the rate. It notices chiefly Hahnemann's inattention to pathological facts, and laughs at the absurdity of his axiom regarding the totality of the symptoms, his psoric theory, dynamic causes of disease, and the potentiation of drugs; but the author, whoever he is, seems to forget entirely that the pathology of 1781 differs somewhat from the pathology of 1881; that the "totality of the symptoms" by no means signifies the same to-day as it did a century ago; and that the psoric theory and potentiation are no more ridiculous than the charysma basilicon, the doctrine of signatures, or the humoral pathology of past times. In concluding, the Encyclopædia says: "It has given prominence to the therapeutical side of medicine, and has done much to stimulate the physiological study of drugs. No doubt Hahnemann completely erred in despising Nature and in magnifying medicines in the cure of disease. But his very methods showed, unintentionally on his part, what Nature could do, and his devotion and that of his school to therapeutics has acted as a somewhat deserved rebuke to those physicians, who get so absorbed in the study of disease as to forget that the greatest interest of mankind in it is to have it cured with as little delay as possible. It may be admitted that Homœopathy has done some service in directing more special attention to various powerful drugs, such as *Aconite*, *Nux Vomica*, *Belladonna*, and to the advantage of giving them in simpler forms than were common before the days of Hahnemann."

This learned volume, then, does feel compelled to grant us this slight degree of merit, in that we have at least acted somewhat as a *check* upon regular medicine, and drawn their attention to the fact that the *curing* of sick people, as well as the

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study of their sicknesses, is something to be considered, and also that we have shown them how *Aconite*, *Nux Vomica*, and *Belladonna* are harmless enough to effect that object. Had Hahnemann and his followers done no more, this alone is sufficient to have given them an honorable place on the page of medical history.

John Syer Bristowe, M.D., before the British Medical Association at Ryde, delivered an address on the subject of Homœopathy, and in some particulars his criticisms are not unjust. He, however, like the preceding author, errs greatly in judging Hahnemann's views on pathology by the light of to-day's science. In his consideration of the therapeutical views of Hahnemann, under the guise of argument he indulges in denial, and the simple assertion that such things cannot be, and with an inconsistency which is truly amazing, he later on declares, after having inquired if Homœopathy ever really cured Scarlet Fever, Tetanus, Epilepsy, etc., that "of course affirmative assertions will be made, of course statistical evidence will be forthcoming; but mere assertions and mere statistics are simply tabulated assertions, — are not evidence which a man professing scientific caution would accept in such a case." The latter portion of his discourse is devoted to the consideration of Homœopathists as men, and it is to his closing remarks on this point that I wish to call your attention. Pardon me, then, if I quote at some length. He says: "I ask you, gentlemen, to forbear with me if I push my argument to the logical conclusion, and venture now to express an opinion which is opposed to the opinion which many, perhaps most of of you, entertain. I do not ask you to agree with it; still less do I ask you to accept it. But I ask you to consider it; and I am content to believe that, if it be just, it will ultimately prevail: it is that when Homœopathists are honest and well-informed, and legally qualified practitioners of medicine, they should be dealt with as if they were honest and well-informed and qualified. I shall not discuss the question whether we can with propriety, and with benefit to

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our patients, meet Homœopathists in consultation. I could, however, I think, adduce strong reasons in favor of the morality of acting thus, and for the belief that good to the patient would generally ensue under such circumstances. I shall not consider at length whether the dignity of the profession would be compromised by habitual dealing with Homœopathists. But I may observe that it is more conducive to the maintenance of true dignity to treat with respect and consideration, and as if they were honest, those whose opinions differ from ours, than to make broad our phylacteries, and enlarge the borders of our garments, and wrap ourselves up, in regard to them, in Pharisaic pride."

The *Medical Record* of Sept. 24, 1881, commenting on the above, remarks that "at a recent meeting of the British Medical Association, the most important address, that of Dr. Bristowe, was upon the subject of Homœopathy, and that eminent physician advocated most strongly the breaking down of all barriers, and the consulting with qualified Homœopathists. When such an appeal can be made and listened to in conservative England, we may well believe there is a drifting together." Let me add that when such an appeal is made in conservative England, and *believed* by the leading Allopathic journals of our own country, it is an indication not to be overlooked or slighted by us. Whether this tendency toward coalescence of the two schools is likely to take place or not, I do not propose to discuss. Should the time, however, arise when it shall seem an advantage to the Allopath to consult with us on professional matters, it behooves us to be prepared not only in those tenets which are, as it were, exclusively our own, but in all things in legitimate medicine. However unjust the criticisms above mentioned are, regarding Hahnemann's pathological views, if there are any pretending to be followers of him to-day who hold literally the same views, that all pathology is useless; that simply the symptoms of the patient, as related by himself, constitute the disease; that it is immaterial whether constipation, lead poisoning, spasm, or stricture causes pain in

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the bowels; whether ascites is due to tubercular deposit, cirrhosis of the liver, or disorganization of the liver; whether dyspnœa is owing to the heart's action or to pleuritic effusion, if there are any who now hold such views, then against them such criticism is just and merited. Do they claim that "those things the great master taught," I answer that they are blindly following the letter, and have profoundly missed the spirit of his teaching. Had Hahnemann lived to-day, he would have been a pathologist, because his was an inquiring and progressive mind, and he a searcher after truth. The pathological theories of his time, and the pathological *facts* of to-day, are different things. He did not believe the former; he would, I think, have indorsed the latter. Possessed of a new truth in the *most* important department of medicine, proud of its possession, and enthusiastically anxious to see such truth developed and pushed to its legitimate place, it is not surprising that our predecessors gave attention to drugs and their provings almost to the entire exclusion of the other branches; but a time of reaction must inevitably come, and it is near at hand. Already our students demand that they become skilled in physiology, pathology, and diagnosis, as well as therapeutics; and the experience of our younger practitioners, if it was known, would show that the demand is a just one, and must be supplied, if we would occupy a place in the community, which, as practitioners of medicine, and particularly as Homœopathists, shall command respect and honor.

I have said above that the neglect of pathology and pathological facts as they became known, evinced by our predecessors, in their anxiety to develop therapeutics, was not surprising. Though not surprising, it was most unfortunate, it seems to me, as regards the best success of the very object for which they were laboring so honestly and so earnestly. The fundamental idea on which they worked, and on which our Materia Medica, the result of their work, is based, that is, the experimentation on healthy people with drugs, is sound and scientific; the means and methods by

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which such experimentation has been made, and through which our Materia Medica has grown to its present state, have been neither. It is not a scientific method of procedure for one man, or a body of men, to dose themselves with a drug, record their individual feelings, subjective symptoms almost wholly, and then to call their combined experience a *proving* of the drug. It has proved but one thing, viz.: that this drug has made these people feel badly, and this record shows how badly they felt. If it caused fever among them all, it does not tell the kind of fever or degree of heat, any more than your patient's telling you that he is hot gives you the knowledge that his heart is beating at 120 per minute, and his temperature rates 103½. The most honest record of any number of subjective symptoms would not tell us that the urine was loaded with albumen or casts. Yet not one of us would think of prescribing in a suspected case without knowing these things.

A man complains of a pain; that pain is an indication that something is wrong somewhere in the physiological working of the system, but it is not the error itself; it is Nature's distress cry, not the distress; it is the alarm bell that summons assistance, not the conflagration that is destroying the city. As every symptom noted in disease has a cause behind it in some greater or less derangement of the vital forces, so every symptom recorded in our Materia Medica that is of any value, has a similar origin, and that origin should be found out just so far as lies in our power, aided by all the auxiliary appliances that modern science can afford. I believe there is scarcely one of us who, whenever he sees a patient and hears his tale of woe, his list of pains and aches, does not, either consciously or unconsciously, form some kind of an opinion as to what the condition of that patient is that makes him feel as he does; in other words, what is wrong in the physiological working of his system. To apply our principle of cure in its entirety, we should be able to form as accurate an opinion as possible of the sick physiology which caused the symptoms of the drug

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we would prescribe; that is, there should be similarity between the pathological condition caused in the healthy by a drug, and the pathological condition which we recognize in any given case before us.

In his introduction to his work on therapeutics, Dr. Richard Hughes has much better expressed this idea. He says: "For this similarity, then, I take the first requisite to be that it be real, and not merely apparent. It will not do because a medicine has caused a weariness and weakness in the lower extremities, to set it down as homœopathic to Paraplegia. When the prover of a drug has experienced from its action a cough, with stitchings in the side, he must not infer that he has found the simile of Pleurisy or Pneumonia. However numerous the varieties of the disease thus named, however unique, in some respects, each individual instance of their occurrence, there are in all certain essential elements, certain peculiar pathological changes. That a medicine shall be capable of causing these changes in the healthy body is the primary requisite to its homœopathic relationship." The ascertaining of the primary requisite, our Materia Medica, in its present stage of development, containing, as it does, almost everything, from the "noblest sentiments of the human heart to the outgrowths of a depraved imagination," does not enable us to do. And that this inability is a great hindrance to our advancement, I think is generally felt. The *New England Medical Gazette* for September, 1879, commenting on a letter from Dr. Kimball, of New York, to the President of the American Institute, says: "It is plain to every reader of our literature, and every observer of the expressions daily falling from our earnest, busy practitioners, that there is a general and deep dissatisfaction with the old and yet current methods of proving drugs, and with the overgrown and trash-laden volumes containing our Materia Medica."

This sense of dissatisfaction cannot be denied, and demands especially the attention of those of us who have yet to bear the burden of maintaining and upholding the truth

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of our belief. Our Materia Medica does not at present need to be increased in volume. It already has accumulated a mass of matter valuable and worthless, indiscriminately mixed, which will take years of unceasing labor to reduce to practicable, useful, and scientific form. And in these times of the microscope, the sphygmograph, the thermometer, and the test-tube, to increase the unwieldy mass by provings conducted in the same way as was done half or three-quarters of a century ago is folly. If the disciples of Franklin had contented themselves with flying kites, atmospheric electricity and its various applications would never have reached the place they now occupy in science. Not the extending, then, but the finding out what is good, and what is good for nothing, in our Materia Medica, is the most imperative work which confronts the Homœopathist of to-day. That it is possible to base our symptomatology on a physiological and pathological basis has, I think, been ably shown by Dr. Hughes. In order to do this it is not necessary for all drugs to be re-proven, though no doubt in many cases this would be desirable. Already, and for some time past, the Old School has been studying drug action from a pathogenetic rather than an empirical standpoint. They are going over the ground, it seems to me, which we of the New School have too much neglected. We have studied drug action almost entirely from a subjective standpoint; they, from an objective. We should not hesitate to avail ourselves of their work, as they do not scruple to appropriate ours whenever it suits their purpose; and it is that body of men who fairly, impartially, and honestly combine the investigations of each, giving to each its true value, who are to take the foremost rank in the medical world of the immediate future.

Finally, all this but brings us back to the need of which I spoke in the beginning,—the necessity that we be good physiologists, good diagnosticians, good pathologists. Then will we be competent to sit in judgment on this mass of valuable material which, by unceasing labor and diligence,

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has been accumulated for us; to try, as it were, in a smelting furnace, this crude ore to obtain the true metal, and to mould and stamp each piece with its true value. This thoroughly done, I believe our Materia Medica would not only be much more practicable, but capable of commanding the confidence and respect of every medical man, of whatsoever school.

Before leaving this subject, however, let me beg that you will not draw too hasty an inference, and conclude from what I have said that I hold in light esteem the value of subjective symptoms. On the contrary, I believe they are of incalculable value. Without them we could do little or nothing. But the word upon the page we read is not the thought which animated the soul of him who wrote, only the means by which his thought comes to us. The symptom is not the nature out of tune, but only the means through which that nature would make known its distress.

Many subjects of more public and general interest, such as our public hospitals, and our rights, or rather our lack of rights therein; the questions of sewage, methods of its disposal, and its relation to various diseases; the education of the young, particularly from a physical point of study, might be considered by us with advantage; but already have I taxed your patience too long, and these are questions upon which others can speak to you far better than I. Pardon me, ladies and gentlemen, if I, one of the youngest among you, shall have seemed bold or presuming in speaking thus plainly and earnestly. Rest assured that in no such spirit were these words prompted, but only by the firm conviction that the considerations of these matters are necessary and imperative, and constitute the most important questions which confront the younger practitioners to-day.

To those of you gentlemen who have borne the heat and burden of the day; who for many years, by your untiring and unremitting labor, have advanced our place in medicine to the honorable position which we now occupy; to you, we, the younger members of the profession, who, yesterday but

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medical school-boys, to-morrow will be called upon to forward the work you have so well advanced, to you we look for counsel and direction. Out of the stores of your varied experiences counsel us wisely, then, and rest assured that when the young men of to-day shall have become the old men of to-morrow, they will bequeath to their successors a place for Homœopathy of which they, too, may well be proud.

XX.

TYPHOID FEVER—THE WATER TREATMENT.

W. B. CHAMBERLAIN, M.D., WORCESTER, MASS.

THE first person who treated febrile diseases by systematically reducing the temperature by cold affusions, was the celebrated Dr. James Currie, who lived in Liverpool, Eng., in the last part of the last century, and published (in 1797) "one of the very best works on water ever published."

Dr. Currie systematically treated by cold affusions, and sometimes cold baths, a great many varieties of febrile diseases, especially Typhus, Typhoid, and Scarlatina, making careful thermometric observations, and he laid down rules which are still followed. It is interesting to see how soon he discovered that although, when applied late in the disease, this method would occasionally rescue the patient from a condition apparently desperate, nevertheless, to insure success, it was absolutey necessary to have recourse to it at the very outset before the fever had, as it were, got the upper hand.

The modes of applying cold water are the cold bath, cold affusion, cold packing, cold compresses, and the gradual bath, which consists in placing the patient in a warm bath at 90° Fahr., and gradually cooling it off to 80° Fahr. Each of these methods is of use in special cases, but for general use Dr. Cayley says the cold bath is by far the best, and the least troublesome to apply.

The rule for its use in Typhoid Fever is this: whenever the patient's temperature exceeds 102.2°, he should be put

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into a bath. The temperature of the bath, as a general rule, should not exceed 70° Fahr., and may often be advantageously much lower; 65° to 70° may be taken as the average limits. The duration of the bath must be regulated by the patient's condition, and the effect it produces. We ought to cause a reduction of at least two or three degrees, and if this is not obtained the next bath must be colder or longer. It must be remembered that the temperature usually continues to fall for some time after removal from the bath; it is therefore not necessary to take the temperature in the bath itself, but it should be done at least an hour afterwards. Dr. Cayley says the bath should be prolonged for some little time after distinct shivering has begun; watching, of course, the effect on the circulation.

Personally, I have used the method of not carrying the temperature so low, and not continuing the bath long enough to make the patient chilly, previous to my knowledge of Drs. Currie, Smith, and Cayley's methods.

Usually the bath will be borne for from 10 to 20 minutes. The patient should then be put to bed, wiped dry, and covered with a blanket, and something warm put to the feet. In many cases it is advisable to give some brandy, or other stimulants, before or during the bath. In severe cases, the cooling effect of the bath often only lasts about three hours. Whenever, therefore, the heat rises again, the bath should be repeated. The rapidity with which the temperature rises after the bath, is one of the best indications which we possess of the impression which the fever has produced upon the nervous system. The bath has a powerful influence upon the central nervous system, especially upon the vaso-motor centres, and stimulates them to a resumption of their heat-regulating functions.

In cases of Typhoid Fever, where there is stupor and great nervous depression, subsultus tendinum, and meteorismus, with only a moderate elevation of temperature, the stimulating effect of the bath on the nerve-centres is of more importance than its refrigerating effects, and in such cases a

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cold bath of short duration, or cold affusion, is indicated. If there is headache, an ice-cap may be applied. If meteorismus or abdominal pains exist, a cold compress may be applied to the belly. Dr. Brand recommended the use of cold compresses between the baths in all cases.

Cayley says the graduated baths are inferior in their effects, and admissible or indicated when cold baths are not, as in persons advanced in life; in cases of extreme exhaustion; when there is organic disease of the heart or lungs; when there is a tendency to syncope; when (which is not often the case) the patient has an invincible repugnance to the cold baths. Cold sponging and cold affusions are especially adapted in the milder cases, and the former, together with ice compresses, when, from hemorrhages or peritonitis, we are afraid to move the patient. Cold packing is very inferior to bathing as a means of reducing temperature, and very troublesome to apply, but is sometimes more readily submitted to.

Dr. Nathan Smith, in a "Practical Essay on Typhus Fever," written in 1824, says the most effectual method of reducing the temperature of the body is by the use of cold water, which may be taken internally or applied externally. When persons sick with this fever desire cold water to drink, it should never be denied them; they should be allowed to drink *ad libitum*. The quantity of heat abstracted from the body, however, by water they will drink, is but small; and except in cases when, by its influence on the stomach, it promotes perspiration, its effects are very trifling. The only effectual method of cooling the body in these cases is by use of cold water applied externally. By this means we can lessen the heat to any degree we please. The method which Dr. Smith adopted was to turn down the bed-clothes, and to dash from a pint to a gallon of water on the patient's head, face and body, so as to wet both the bed and body linen thoroughly. It is best for the patient to lie on a straw bed. If his body should be very hot he may be turned upon his side, and the water be dashed upon his back.

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As soon as his linen and the bed-clothes begin to dry, and the heat in the head and breast begin to return to the surface, the water may again be applied, and in this way the heat may be kept down to the natural standard, or rather below on the surface, so the skin may feel rather cool to the hand of a healthy person. The heat of the water is of but little importance; in general the effect is produced by evaporation. Dr. Smith also had the patients breathe through a wet cloth placed over the mouth.

The following case will illustrate the good effect of cold water in Typhoid Fever: —

In 1854 I was called to attend Mrs. D—— (July), who was at the time five months pregnant. I first saw her on the tenth day of the fever. She was then having the symptoms commonly attending this stage of the disease, besides having, at that time, symptoms of premature birth, which was completed, and the after-birth removed on the fourteenth day of the fever. There was great dulness of intellect, dryness of the tongue, tenderness of the ileo-cœcal region, a dry, hot skin, and a small, weak pulse. The case was assuming a very serious aspect. There were sinking turns, with cold sweats of the hands and feet. Her countenance appeared rather sunken. When the patient got into the third week the case had a very serious aspect.

Having previously seen the practical workings of Hydropathy in the Northampton water cure, and in my own family, in the palliation and cure of disease, I decided that, in this case at least, water would be the best palliative. I had no assistant in the care of the case except the husband, who had also the care of the house and sick children on his hands, so the only thing that could be done with water was to apply it with a wet sheet, not as a pack, but for the effect that could be got by evaporation. The sheet was wrung out in tepid water (the underclothes slid up to the armpits), and then laid on the chest, and down over the body, tucked well up to the sides. The evaporation was allowed to go on until the patient was sufficiently cool to be

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made comfortable. Having no thermometer, we had to be governed as to the heat of the body by the sense of touch. There was no other covering over the body. There were many days in which the cooling process was carried on from eight to twelve hours. At the end of four weeks the patient was convalescent, and made a good recovery. I am confident that without this cooling the patient would have died.

I have since treated many cases by applying water; not always by a wet sheet, but by almost constant bathing, sometimes, in the early stage, with sitz-baths, sometimes with ordinary tub-baths; and again with a mixed treatment of wet compresses, together with a general and local bathing, sufficiently often repeated to keep down the temperature below 102° Fahr.

We have had, within a few years, reports in the *Boston Medical and Surgical Journal* assuring us that where this treatment was well carried out in the German hospitals, they have lost only one case in a hundred; and one physician reports having lost only one in six hundred.

Rapou says (p. 61): "It often happens that towards the end of the second stage the most proper medicines cause no favorable change, and even cause an aggravation; then, by use of fresh water, employed both internally and externally, we obtain salutary alterations, and under its influence the aggravations caused by the medicaments give place to a convalescent effect. The patient may, from the commencement of the disease to the end, quench his thirst as often as he pleases with small quantities of fresh water; bind his hot and painful head with wet cloths; leave upon his tympanitic and suffering abdomen wet cloth well wrung out, which must be often renewed; he may be rapidly rubbed all over with a wet towel; and, when this does not suffice, he ought to be wrapped in wet sheets. Severe cerebral congestions, with cephalalgia and dryness of the skin, call for a frequent application of wet linens, slightly wrung out. In tympanitic distentions of the abdomen, with pains, the whole of the lower belly should be covered with wet linens; they must be

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wrung out, and not renewed until they are nearly dry. They must be covered over with precision with a dry cloth, or even oil silk. The result is a condensation of the abdominal gases, consequently a diminution of the tympanitis, and a marked improvement in the pain of the part afflicted."

Rapou also says, "When, in the last part of the second stage, the proper homœopathic remedies do not bring about any favorable reaction, if the intensity of the dry heat does not diminish, and the exacerbations at night become stronger, I have recourse to the external application of cold water to induce the critical sweats." He chooses the moment of the greatest heat, completely undresses the patient, rubs him briskly with a sponge, first dipped in lukewarm water, and then cold water. I then dry him immediately, and put him again in bed. When this process is not sufficient, I place the patient in an ordinary foot-bath, sprinkle him several times with warmish, and then entirely cold water; at the same time I have his whole body rubbed with the palm of the hand. The change for the better manifests itself by a *permanent diminution* of heat; respiration becomes easier, the circulation is freer, the pulse is normal, sleep quiet. In this stage the patient is enveloped in a *wetted sheet*, well wrung out, covered over with a dry covering; he is warmly covered up, and the appearance of perspiration is patiently waited for. If at the end of one hour it does not appear, the wet sheet is renewed, and another hour is passed; then, if it does not come and the heat increases, the sprinklings are to be renewed, followed by the wet sheets, until the object is attained. The perspiration is generally profuse, and emits a strong odor. This generally brings about the crisis of the disease. Care must be taken, during the envelopments, or swaddlings, to keep up fresh wet linens on the head, whilst the feet have only a dry wrapping. The cloths ought not to go below the ankles.

Dr. H. P. Gatchell, in Panelli (p. 232), is quoted as saying of both treatments that they should not be neglected any more than the best dietetic (treatment) method. The

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opinion of those who have given it a fair treatment is, that it does allay fever, and contribute to a favorable result.

The special indication is continued high temperature, with a dry skin; and the higher the temperature, and the dryer the skin, the more appropriate is the pack. Usually, after the patient has been enveloped for from half an hour to an hour (occasionally an hour and a half), the fever will be sufficiently reduced. Dr. G.'s method is to lay a comforter on the bed so that the upper border will reach the patient's neck. On this lay a blanket. Wet a sheet in cold water, and wring it so that it will not drip. Lay this upon the blanket, folding the lower end so that it will not reach below the ankles, unless the feet are very hot; in which case the feet should be enveloped in the pack. Place the patient on his back in the middle of the sheet, with the arms in contact with the sides, and the feet close together. Bring one side of the sheet over the patient, tucking it carefully under the opposite side. Carry the other side of the sheet over to its opposite tucking, as before. Do the same with the blanket, wrapping the feet carefully. Repeat the same with the comforter. Care should be taken to fold the several envelopes carefully around the neck, so as to leave no room for air to get in. After taking the patient out, wash off quickly with a wet towel, a portion at a time, the rest being covered. The demand may be for one to a dozen packs in twenty-four hours, depending upon the rise of temperature.

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AUGUSTUS RAPOU, member of College of Physicians at

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Paris, 1853. A treatise on Typhoid Fever and its Homœopathic Treatment. Contains, also, notes on Hydropathy.

Wm. Cayley, M.D., F.R.C.P., 1880. "Croonian Lectures on some Points in the Pathology and Treatment of Typhoid Fever," delivered at the Royal College of Physicians, of London (p. 87), among other things, says of treatment, that the usual rate of mortality has, he thinks, been of late years but little affected by treatment apart from nursing and feeding,—the treatment generally practised being what may be called the expectant or rational treatment. He devotes considerable space to Dr. Currie's water treatment.

Dr. Wilson Fox, F.R.C.P., 1871. On the treatment of Hyperpyrexia, as illustrated in acute articular rheumatism, by means of the external application of cold. Dr. Cayley, in the work above spoken of, says: "In England, since Dr. Wilson Fox published instances of Hyperpyrexia treated by cold bath, its utility in this affection has been generally acknowledged; but the systematic treatment of fever, from its commencement, in this manner, seems at present only to have been tried tentatively in this country (England)."

C. F. Panelli, M.D., Naples, Italy, 1878. A treatment of Typhoid Fever, and its Homœopathic Treatment, 294 pages, contains bath treatment in Typhoid Fever, by Prof. H. P. Gatchell, M.D., in connection with the Homœopathic treatment.

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XXI.

DIET IN TYPHOID FEVER.

W. B. CHAMBERLAIN, M.D., WORCESTER.

Dr. Nathan Smith said, in the work before mentioned on this disease, that the farinaceous and mucilaginous substances are the only articles of nutriment admissible, with the exception, perhaps, of milk largely diluted with water, or whey prepared from it. All solid food is injurious, and all sorts of broths prepared from animal substances should be prohibited. After the fever has formed a crisis, and the secretions of the mouth have become healthy, the appetite generally returns; and if we then allow the patient to choose what he will eat, and take care that the quantity at first is very small, he will not often be injured by it. But they will hurt themselves by eating too much, if allowed.

Patients generally prefer for drinks clear, cold water, or water acidulated with one of the vegetable acids.

Gatchell, in his little book, "Doctor, What Shall I Eat?" p. 28, says this fever is generally protracted and exhausting, and the diet needs careful attention, especially when convalescence approaches and the appetite returns. Relapses are often brought on by some error in diet or over-indulgence; *no solid food* should be taken until health is *fully restored.* It must be remembered that the lining membrane of the intestines has been ulcerated, and for some time after the patient is up it is in a very sensitive state, and extreme care must be observed lest the imflammation be again aroused. So simple a thing as eating too much boiled rice has brought on a fatal relapse. A diet consisting *exclusively* of milk may be depended upon in this fever. Let the milk be scalded (not brought to a boiling point). Let this be given throughout the entire course of the disease, and until convalescence is far advanced. Typhoid Fever patients who have been fed

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on nothing but milk throughout the disease, make excellent recoveries. The best way to give it is, to let the patient draw it through a bent tube. If it disagrees, or comes up curdled, a tablespoonful of lime-water to a cup of milk may prevent this.

Jahr (forty years' practice, p. 317), on Diet in Typhoid Fever, says: "Until the critical sediment makes its appearance in the urine, I feed my patients with mucilaginous beverages, as oatmeal gruel, barley gruel, rice-water, etc. After the fever has entirely disappeared, I add good broth to these decoctions; afterwards, a piece of pigeon, with a little bread and quince, or raspberry jelly, for dessert; and in a few days give them a mutton chop without fat, until they resume their ordinary diet. I do not, however, permit them to fully indulge their ravenous appetite, until they have gone out again in the open air and have resumed their occupations."

Ziemssen (p. 231): "Beyond all doubt, mucilaginous barley-water, thin oatmeal gruel, and the like, combined or not with very strong meat broth, constitute the most desirable diet. Stromeyer says oatmeal grits is the best article to give to these patients; it should be cooked three hours, and given without sugar. The patient may have milk if he prefers, but only when boiled and reduced with water, seltzer-water, tea, coffee, and the like. The further the disease is advanced, the oftener may the yellow of an egg be beaten up with the meat broth or barley-water. If the patient is very low it is well to use concentrated beef-tea, made by long boiling the meat in a close stoppered bottle; or Liebig's beef-tea, prepared by macerating the meat with hydrochloric acid (four drops to a pint of water), both of these being improved by mixing with claret wine. Such case might also be helped by Leube's meat and pancreas injections. Wine and liquors are admissible at any stage of the disease, even during the height of the fever. Still it is best to be governed in their use by the former habits of the patient, as well as by his present condition. Extract of beef is still adhered to by some physicians early in the dis-

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ease; but its tendency is to increase the diarrhœa. There is no objection to using it in small quantities, to flavor the barley-water; but it is hoped that no physician any longer looks upon it as a nutritive substance. Solid food, especially meat and bread, should be reserved for the period of advanced convalescence; and even then the possibility of the perforation of the bowels, or a relapse being caused by errors in diet, should always be borne in mind."

XXII.

OBESITY.

J. H. SHERMAN, M.D., SOUTH BOSTON.

It is a fact, I believe, that Obesity is rapidly on the increase in this country. One is painfully reminded of this as he travels in the various public conveyances, particularly in the street-cars. Here the ever-present fat woman, with her capacious market basket, admonishes you that her shadow is not growing less. The time was when, if you chanced to meet with a fat person, you instinctively concluded he was an Englishman, but now we have Americans of such magnitude that the average Englishman is a mere pigmy beside them. Banting was the first to call Obesity a disease; but when we consider that disease is but a deviation from health or normal condition, no one will contend but that superfluous fat is an abnormal condition, or a disease.

The prominent characteristics of this disease are increased weight, diminished muscular ability, dyspnœa on the slightest exertion, especially on ascending a height, and an overwhelming desire for plenty to eat and peaceful quiet. The food usually desired is largely saccharine and starchy, *interlarded* with plenty of fat or butter. Banting's system of diet excludes all sweets, all fatty and starchy substances. Rusk or stale bread toasted over the coals, or in an oven, with lean meat, fruit, water, and wine, constitute the Banting diet. The writer adopted this system Aug. 16, 1880, then weigh-

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ing 270 lbs.: Aug. 23, weighed 256 lbs.; Nov. 18, 244 lbs.; Jan. 4, 1881, weighed 238 lbs.; Feb. 21, weighed 232; April 23 weighed 228, and April 29, 227 lbs. This shows a loss of 43 lbs. in ten months. I have been weighed several times since the last date, but, as there was no decrease in weight, do not consider it essential to record it. Since April 29, have not confined myself so strictly to the Banting system, and have increased in weight 8 lbs. This system of diet not only diminished my weight, but materially changed my form and general appearance. Was obliged to have my clothes refitted, as my waist measurement had diminished eleven inches. My complexion bleached out; the acne eruption that was wont to appear at irregular and untimely intervals on my nasal appendage, subjecting me to the suspicion of being a wine-bibber, no longer anoys me. I feel confident that Bardolph noses can be cured by the Banting system of diet.

XXIII.

CASE FROM THE PRACTICE OF DR. M. J. FLANDERS.

REPORTED BY DR. MANNING.

Mrs. W——, aged 55, widow. Father and mother were own cousins. Eight years ago had a polypus removed from the os uteri. Two aunts and several cousins have died of Cancer.

Was first called to see her late in afternoon of Feb. 18, 1881, and found her suffering with severe pain extending from the region of the left ovary to the uterus and back, which lasted, with short intermissions, until the next morning, being severest about midnight. Prescription: *Lachesis* 15^{x}, and *Colocynth* 3^{x}.

Four weeks previous to this had a similar attack, and was attended by another physician.

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The third and most severe attack occurred March 21, beginning with excruciating pain, which *Lachesis* and *Colocynth* failed to relieve. Hot applications did no good. *Arsenicum* and *Belladonna* afforded partial relief, but the pain recurred at intervals for three days.

After this attack, it was several days before she could sit up without keeping the feet very much raised from the floor.

Since the first attack, her health had been gradually failing, appetite poor, face pale, except a small spot on the left cheek, where she complained of a burning sensation. Constant feeling of weariness.

Fear of another attack, and the knowledge of cancer in the family, induced her to consent to a uterine examination March 29, which revealed a "cauliflower excrescence," extending from the anterior lip into the cervical canal. The vaginal portion was enlarged, hard, lips everted and covered with fungous points, which bled easily and were sensitive to touch. Began treatment by giving *Ustilago madis* tincture in two-drop doses, increasing one drop per day up to eight, which produced headache when it was reduced to six drops. Used *Terebinth glycerole*, followed by a cotton tampon, with *Glycerine* as a local application.

April 2.— Fungous points less prominent. Same application repeated.

April 6.—Very little change. *Calendula* and *Glycerine* applied locally.

April 9.— Burning pain, offensive discharge, livid tinge. Applied *Argentum Nitricum* in solution, followed by *Calendula* and *Glycerine* on cotton tampon. *Ustilago* continued.

April 14.— Previous application repeated.

April 19.— Fourth attack of pain lasting, at intervals, for two days, but less severe than either of the others. Prescription: *Belladonna* 3^{x}, and *Arsenicum* 3^{x}.

April 25.—Discharge less profuse, but offensive; cauliflower appearance gone. Sound could not be passed through the cervical canal. The next application was *Chromic Acid*

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(five grains to one drachm water), followed by *Hydrastis* and *Glycerine*. *Ustilago* continued.

April 28.— Healthier appearance of the parts. *Hydrastis* and *Glycerine* applied.

May 2.—Injected *Glycerine* into cervix, to relieve burning sensation there.

May 4.— Injected *Glycerine*.

May. 7.— Discharge profuse, but not offensive; anterior lip beginning to heal. *Chromic Acid*, followed by *Hydrastis* and *Glycerine*. *Ustilago* continued.

May 13.— Marked improvement in condition of uterus. General health improving. *Calendula* and *Glycerine* locally. *Ustilago* continued. Gave "*Sapo Parafinis*" for a daily injection. *Hydrastis* and *Glycerine* applied.

May 20.— Cervix reduced in size; external surface healed.

June 6.— Steady improvement; last treatment repeated.

June 14.— Applied *Glycerine*.

June 27.— Uterus reduced to normal size; sound easily passed through the internal os; no tenderness. Injections continued; also *Ustilago*.

July 22.— Made a final examination; found all the parts in good condition. General health good. *Ustilago* twice a week for a month, as a prophylactic.

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MEMBERS

OF THE

MASSACHUSETTS

HOMŒOPATHIC MEDICAL SOCIETY.

OCTOBER 12, 1881.

List prepared by HERBERT A. CHASE, M.D., Recording Secretary.

Admitted.	Name.	Residence.
1866	Ahlborn, Henry C.	Boston.
1877	Allen, A. H.	New London, Conn.
1870	Alvord, Samuel	Chicopee Falls.
1856	Angell, Henry C.	Boston.
1859	Babbitt, Warren M.	Randolph.
1880	Babcock, F. L.	Dedham.
1876	Baker, Almena J.	Boston.
1881	Bartlett, Horace C.	Lyndon, Vt.
1872	Barton, J. Marcus	Worcester.
1878	Bellows, Howard P.	Auburndale.
1874	Bennett, Hollis K.	Fitchburg.
1880	Blaisdell, J. E.	Chelsea.
1868	Boothby, Alonzo	Boston.
1879	Brown, Charles R.	Lynn.
1880	Brown, Henry A.	Reading.
1871	Brown, Henry R.	Loudon, N. H.
1859	Brooks, Charles A.	Clinton.
1873	Brooks, Charles G.	East Boston.

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Admitted.	Name.	Residence.
1856	Burpee, John A.	Malden.
1879	Campbell, Eliza L.	Attleborough.
1873	Capen, Thomas A.	Fall River.
1874	Carmichael, J. H.	Worcester.
1875	Carvill, A. H.	Somerville.
1861	Cate, S. M.	Salem.
1876	Cate, Wm. M.	Washington, D. C.
1864	Chamberlain, Wm. B.	Worcester.
1876	Chase, Herbert A.	Cambridgeport.
1856	Chase, Hiram L.	Cambridgeport.
1878	Chase, Jos., Jr.	Concord, N. H.
1879	Church, Adaline B.	Winchester.
1879	Church, Benj. F.	Winchester.
1871	Clapp, Herbert C.	Boston.
1877	Clapp, J. Wilkinson	Boston.
1862	Clarke, Henry B.	New Bedford.
1856	Clark, Luther	Boston.
1880	Clock, Frank B.	Boston.
1880	Cobb, Harriet H.	Cambridgeport.
1880	Coffin, John L.	West Medford.
1878	Colburn, Samuel H.	Athol.
1872	Colby, Edward P.	Wakefield.
1856	Collins, H. A.	Springfield.
1871	Conant, Thomas	Gloucester.
1875	Cook, Jas. A.	Concord.
1879	Copp, Laura W.	Chelsea.
1869	Cragin, F. M.	Norwood.
1874	Crockett, Fred E.	West Newton.
1866	Cross, Hiram B.	Jamaica Plain.
1862	Cross, Wm. P.	South Boston.
1858	Cullis, Charles	Boston.
1880	Culver, Jane K.	Boston.
1880	Cummings, M. Louisa	Boston.
1866	Cushing, Alvin M.	Boston.
1873	Cushing, Ira B.	Brookline.
1867	Cutler, Wm. C.	Chelsea.
1880	Davis, Frank S.	Quincy.
1880	Dean, Edgar E.	Brockton.
1870	Dickerman, Silas B.	Abington.

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Admitted.	Name.	Residence.
1879	Doy, Wilberforce C.	Allston.
1880	Dudley, S. Ida	Boston.
1880	Ellis, Edward H.	Marlborough.
1857	Farnsworth, Chas. H.	East Cambridge.
1881	Fesler, Frank J.	Lowell.
1881	Fisher, Annie E.	Boston.
1876	Flanders, Martha J.	Lynn.
1869	Fletcher, Wm. K.	North Cambridge.
1875	Forbes, George F.	West Brookfield.
1879	Foss, David	Newburyport
1861	French, A. J.	Lawrence.
1856	Fuller, Milton	Boston.
1878	Gale, Mary K.	Wollaston Heights.
1856	Gale, Stephen M.	Newburyport.
1875	Gallison, Jeff. C.	Franklin.
1866	Gambell, Willard P.	Boston.
1863	Gersdorff, E. B. de	Boston.
1878	Gill, Gregor W.	Oakdale.
1879	Goodrich, Edward P.	New Britain, Conn.
1880	Hale, Frank A.	Newburyport.
1879	Hall, Charles B.	Rockport.
1878	Hall, Irving S.	Waltham.
1880	Hardy, Webster O.	Grafton Centre.
1874	Harmon, Byron R.	Woburn.
1856	Harris, John T.	Boston.
1880	Harris, Mary B.	Andover.
1874	Hastings, Caroline E.	Boston.
1879	Harvey, Jas. B.	Cohasset.
1871	Hathaway, W. F.	Weymouth.
1867	Hayward, Jos. W.	Taunton.
1875	Hayward, Levi T.	Rockland.
1865	Hedenberg, Jas.	Medford.
1862	Hemmenway, H. P.	East Somerville.
1874	Hinks, E. Franklin	Marlborough.
1866	Hodgson, Richard	Stoneham.
1870	Holt, Edw. B.	Lowell.
1857	Holt, Daniel	Lowell.
1880	Hopkins, Stephen W.	Lynn.
1877	Houghton, H. A.	Charlestown.

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Admitted.	Name.	Residence.
1876	Houghton, Milo G.	Boston.
1871	Hunter, Horatio M.	Lowell.
1878	Jackson, Wm. L.	Boston.
1871	Jameson, R. E.	Jamaica Plain.
1874	Jernegan, Holmes M.	Boston.
1856	Johnson, Daniel A.	Boston.
1856	Jones, E. U.	Taunton.
1878	Kelsey, Orville R.	Medway.
1876	Kennedy, Alonzo L.	Boston.
1875	Kimball, Frank B.	Andover.
1856	Knight, E. C.	Waterbury, Conn.
1860	Krebs, Francis H.	Boston.
1880	Lane, Robert L.	Somerville.
1863	Lee, Luther M.	Dorchester.
1879	Leeds, Charles	Chelsea.
1881	Leland, Clarence H.	Lowell.
1880	Leslie, Freeland D.	Canton.
1874	Libbey, Chas. A.	Arlington.
1875	Lincoln, Guy A. T.	Boston.
1866	Lougee, Wm. H.	Lawrence.
1881	Manning, Stella	Lynn.
1857	Matthes, G. Felix	New Bedford.
1880	Mellus, Edw. L.	Worcester.
1878	Moore, J. O.	Haverhill.
1875	Morse, George	Gloucester.
1868	Morse, M. V. B.	Marblehead.
1862	Morse, Nathan R.	Salem.
1878	Murdock, Edw. A.	Watertown.
1879	Nichols, Chas. F.	Boston.
1877	Nichols, Chas. L.	Worcester.
1856	Nichols, Lemuel B.	Worcester.
1875	Osgood, Jas. H.	Boston.
1880	Packard, Horace	Boston.
1863	Packard, Liberty D.	South Boston.
1880	Page, Charlotte E.	Lowell.
1856	Paine, Jos. P.	Boston.
1857	Palmer, F. N.	Boston.
1880	Parkhurst, Lou B.	Northampton.
1874	Payne, Fred. W.	Boston.

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Admitted.	Name.	Residence.
1875	Payne, Geo. H.	Boston.
1863	Payne, Jas. H.	Boston.
1879	Payne, John H.	Boston.
1880	Percy, Geo. E.	Salem.
1880	Perkins, N. R.	Winchendon.
1878	Phillips, Leslie A.	Boston.
1880	Porter, George	Webster.
1879	Porter, Laura M.	Boston.
1879	Radcliffe, Frank L.	Lynn.
1880	Rand, N. W.	Monson.
1880	Richards, W. E.	Boston.
1880	Richardson, Frank C.	East Boston.
1880	Roberts, O. W.	Ware.
1880	Rogers, C. R.	Westborough.
1878	Rollins, C. Abbie	East Boston.
1880	Ross, O. G.	Revere.
1856	Round, Benj. H.	Norton.
1874	Runnels, Andrew J.	Walpole.
1856	Russell, George	Boston.
1878	Russegue, H. E.	South Framingham.
1874	Safford, Mary J.	Boston.
1880	Sanders, Orren B.	Boston.
1856	Sanders, Orren S.	Boston.
1867	Sawtelle, G. B.	Malden.
1859	Scales, Edw. P.	Newton.
1871	Scott, C. W.	Lawrence.
1876	Shaw, J. S.	Boston.
1878	Sherman, Chas. F.	Haverhill.
1875	Sherman, Jas. T.	Harrison Square.
1860	Sherman, John H.	South Boston.
1877	Sherman, Sarah E.	Salem.
1862	Sisson, E. R.	New Bedford.
1877	Smith, Asa D.	South Boston.
1867	Smith, J. Heber	Melrose.
1867	Spalding, H. E.	Hingham.
1870	Spaulding, E. F.	East Boston.
1880	Stackpole, F. D.	Boston.
1874	Stow, T. Dwight	Fall River.
1881	Stratton, Wallace C.	Milton.

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Admitted.	Name.	Residence.
1871	Sturtevant, Charles	Hyde Park.
1863	Sumner, Thos. F.	Hyde Park.
1880	Sutherland, John P.	Boston.
1875	Sylvester, S. A.	Newton Centre.
1856	Talbot, I. T.	Boston
1878	Teele, John M.	Milton.
1856	Thayer, David	Boston.
1877	Tobey, W. H.	Boston.
1880	Tompkins, A. H.	Jamaica Plain.
1881	Travers, Osmond J.	North Brookfield.
1875	Utley, James	Newton.
1880	Vander Burgh, David W.	Fall River.
1860	Walker, Chas. H.	Chelsea.
1868	Ware, Wm. G.	Dedham.
1878	Warner, F. A.	Lowell.
1871	Warren, John K.	Palmer.
1878	Weeks, Walter H.	Lowell.
1858	Wesselhœft, Conrad	Boston.
1872	Wesselhœft, Walter	Cambridge.
1858	Wesselhœft, Wm. P.	Boston.
1856	West, Benj. H.	Neponset.
1875	Wheeler, Morris P.	Dorchester.
1866	Whiting, Lewis	Danvers.
1864	Whittier, D. B.	Fitchburg.
1879	Wild, Geo. W., Jr.	Ipswich.
1858	Willis, L. M.	Charlestown.
1880	Woods, Chas. L.	Lowell.
1875	Woods, William	Boston.
1867	Woodvine, Denton G.	Boston.
1870	Worcester, Samuel	Salem.
1862	Worcester, Samuel H.	Bridgewater.

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PUBLICATIONS

OF THE

MASSACHUSETTS

HOMŒOPATHIC MEDICAL SOCIETY.

1882.

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INDEX.

A.

PAGE

A few important objective Symptoms, A. M. Cushing, M.D.. 44
Address of President, J. T. Harris, M.D..... 27
Amendments to By-Laws..... 6
Annual Meeting (report)..... 3
Antiseptics, Horace Packard, M.D..... 72

B.

Boothby, A., Modern Lithotrity..... 82

C.

Carvill, A. H., Rupture of Urethra..... 78
Catarrhal Pneumonia, D. B. Whittier, M.D..... 49
Church, A. B., Remarkable Case of Pregnancy..... 24
Climate of Cumberland Plateau, E. P. Colby, M.D..... 9
Colby, E. P., Climate of Cumberland Plateau..... 9
Congenital Cataract, F. A. Warner, M.D..... 47
Cushing, A. M., A few important objective Symptoms..... 44

D.

Deferred Labor, H. E. Spalding, M.D..... 19

E.

Election of Officers..... 6

F.

Flanders, M. J., Teething Diarrhœa..... 52

G.

Gersdorff, E. B. de, Zymosis..... 99

Digitized by Google

H.

Harris, J. T., President's Address..... 27
Homœopathic Insane Hospital..... 38

I.

Intra-mural Uterine Fibroids, W. E. Richards, M.D..... 59

J.

Jackson, W. L., Prolapsus Uteri..... 80

M.

Marasmus, E. P. Scales, M.D..... 56
Modern Lithotrity, A. Boothby, M.D..... 82
Morse, N. R., Necrology..... 13

N.

Necrology, Morse, N. R..... 13
Nichols, C. L., Rules for Proving..... 108

O.

Ovariotomy, I. T. Talbot, M.D..... 92

P.

Packard, Horace, Antiseptics..... 72
Phillips, L. A., Ovaritis..... 95
Prolapsus Uteri, Jackson, W. L..... 80

R.

Remarkable Case of Pregnancy, Adaline B. Church, M.D.... 24
Richards, W. E., Intra-mural Uterine Fibroids..... 59
Rules for Proving, C. L. Nichols, M.D..... 108
Rupture of Urethra, A. H. Carvill, M.D..... 78

S.

Scales, E. P., Marasmus..... 56
Semi-annual Meeting..... 65
Spalding, H. E., Deferred Labor..... 19

Digitized by Google

T.

Talbot, I. T., Ovariotomy..... 92
Teething Diarrhœa, Martha J. Flanders, M.D..... 52
Treasurer's Report..... 4

W.

Warner, F. A., Congenital Cataract..... 47
Wheeler, M. P., Whooping Cough..... 51
Whittier, D. B., Catarrhal Pneumonia..... 49
Whooping Cough, M. P. Wheeler, M.D..... 51

Z.

Zymosis, E. B. de Gersdorff, M.D..... 99

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PUBLICATIONS

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1882.

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PROCEEDINGS

OF THE

FORTY-SECOND ANNUAL MEETING,

APRIL 12, 1882.

THE Forty-Second Annual Meeting of the Society was held in Wesleyan Hall, Bromfield Street, Boston, on Wednesday, April 12th, 1882.

MORNING SESSION.

The Meeting was called to order at 10.30 A. M., by the President, J. T. Harris, M. D., Boston.

The reports of the last two meetings of the Executive Committee were read and approved.

The following were elected to membership: —

ANGUS MACDONALD, M. D., Boston; ARVILLA B. HAYNES, M. D., Boston.

REPORT OF COMMITTEE ON CLIMATOLOGY.

E. P. Colby, M. D., Wakefield, presented a paper on the Climate of Cumberland Plateau. (I.)

Discussion: —

Dr. THAYER does not believe in sending consumptives to the South.

Dr. COLBY thinks it difficult to say just where consumptives should be sent; thinks the Plateau is simply one more place to be added to the list.

Dr. SCALES thinks consumptives may be managed as well and, perhaps, better at home.

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Dr. THAYER thinks the happy mean is the best; the body should be kept warm and moist. Much clothing should be worn and warm baths prohibited.

TREASURER'S REPORT.

The Treasurer, H. C. CLAPP, M. D., Boston, presented his annual report as follows: —

Cash on hand, April 13, 1881 . . .	$367 23	
" collected during the year . .	705 00	
Total		$1,072 23
Paid out for running expenses . . .	$480 13	
Balance in Treasury, April 12, 1882 . .	592 10	
		$1,072 23

I have examined the books of the Treasurer, and find them correct.

E. P. COLBY, M. D., *Auditor.*

N. R. MORSE, M. D., of Salem, Necrologist, presented his report. (II.)

REPORT OF COMMITTE ON OBSTETRICS.

"Deferred Labor." H. E. Spalding, M. D., Hingham. (III.)

"A Remarkable Case of Pregnancy occurring in the Clinic of Dr. DE PAUL, of Paris," reported by Adaline B. Church, M. D., of Winchester, read by Dr. Hedenberg. (IV.)

Discussion: —

A. H. TOMPKINS, M. D., Jamaica Plain, reported a case of a lady who has had a number of miscarriages with dead children. Breasts usually filled about a month before fœtus was born. He saw the patient about three weeks before delivery; found some fever, coated tongue, and other symptoms of general disturb-

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ance. Patient went to the seventh month and was delivered of a disorganized fœtus; there was no odor about it. The placenta was fatty-degenerated. Dr. Tompkins asked if any of the members had seen such cases where there was no evidence of syphilitic taint.

Dr. HEDENBERG said that Dr. J. MATTHEWS DUNCAN calls such cases, "missed abortions."

Dr. TOMPKINS said that delivery was followed by what was apparently the menstrual flow, as it had all the characteristics of the lady's ordinary menstruation.

Dr. J. H. SHERMAN thinks the discharge must have been hemorrhagic rather than menstrual.

Dr. BENNETT thinks that many cases, of so-called criminal abortion are misnamed; he believes that a careful examination would show evidences of cystic degeneration in a large number of cases.

Dr. FRENCH reported a case of arm presentation, in which after repeated trials he succeeded in pushing back the arm, and delivering by aid of the forceps.

PRESIDENT'S ADDRESS.

The President, J. T. HARRIS, M. D., Boston, next delivered the annual address, subject: "Homœopathy: Its Methods and Advantages." (V.)

The address was referred to Drs. FARNSWORTH, J. H. SHERMAN and JONES, who afterwards reported as follows: —

"The Committee to whom was referred the address of the President, beg leave to report that they heartily recommend the address to the careful attention of the members of the Society, as a document carefully studied and prepared, and containing the soundest material considerations respecting the science of Homœopathic medicine, and that they believe it will be a much-valued addition to the Society's publications."

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A. H. Allen, M. D., New London, Conn., was present as a delegate from the Connecticut Homœopathic Medical Society.

At 1 o'clock, P. M., the Society adjourned for lunch.

AFTERNOON SESSION.

The following amendments to the By-Laws were adopted: To Article XVII., add, —

"All members in good standing, who shall have paid their annual dues for twenty-five years, consecutive or otherwise, shall attain the rank or title of life-membership, and shall be entitled to all the privileges of the Society, but shall be exempt from the payment of the annual assessment."

To Article XVII., insert after the word "meeting," the words, "and his having signed the application for membership shall be considered equivalent to an agreement to abide by the By-Laws," the words at present following the word "meeting" to be stricken out.

To Article XXV., add: "Newly-elected members shall not be liable to assessment during the year of their election."

ELECTION OF OFFICERS.

Result as follows: —

President, A. M. CUSHING, M. D., Boston; *Vice-Presidents*, E. P. COLBY, M. D., Wakefield; H. E. SPALDING, M. D., Hingham; *Corresponding Secretary*, R. E. JAMESON, M. D., Jamaica Plain; *Recording Secretary*, H. A. CHASE, M. D., Cambridgeport; *Treasurer*, H. C. CLAPP, M. D., Boston; *Librarian*, M. P. WHEELER, M. D., Dorchester; *Censors*, H. L. CHASE, M. D., Cambridgeport; L. WHITING, M. D., Danvers; E. P. SCALES, M. D., Newton; W. L. JACKSON, M. D., Boston; J. W .CLAPP, M. D., Boston.

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HOMŒOPATHIC INSANE HOSPITAL.

The committee reported through the Chairman, Dr. I. T. TALBOT. (VI.) The report was accepted as a report of progress and the committee continued. On request of Dr. Talbot, permission was given to have the report printed in the next number of the New England Medical Gazette.

DISEASES OF CHILDREN.

Papers as follows: —

"A few Important Objective Symptoms." A. M. CUSHING, M. D., Boston. (VII.)

"Congenital Cataract." F. A. WARNER, M. D., Lowell. (VIII.)

"Catarrhal Pneumonia in Children." D. B. WHITTIER, M. D., Fitchburg. (IX.)

"Whooping Cough." M. P. WHEELER, M. D., Dorchester. (X.)

"Teething Diarrhœa." MARTHA J. FLANDERS, M. D., Lynn. (XI.)

"Marasmus." E. P. SCALES, M. D., Newton. (XII.)

Discussion: —

Dr. H. L. CHASE spoke of *Mullen* in *Glycerine* as an application in earache. As to the gum-lancet, he is opposed to its use.

Dr. BURPEE would like to add a remedy for cataract to those mentioned by Dr. WARNER, viz., *Mercurius corrosivus*.

Dr. TALBOT reported the case of a school-teacher who had cataract pronounced by oculists not ready for operation. *Calc. carb.* followed by *Conium*, three times a day, produced marked improvement.

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In the case of his dog which was totally blind from cataract, *Conium* 3rd and 1st were given. In less than a week, the pain was evidently gone, and in one month the animal could see.

Dr. JAMESON had cured cataract in a horse, in a month, with *Conium*.

Dr. TOMPKINS had success with *Conium* in strumous ophthalmia, in a child four years old.

Dr. WOODVINE spoke of loss of eye from mercurialization.

CLINICAL MEDICINE.

Paper on "Intra-mural Uterine Fibroids." W. E. Richards, M. D., Boston. (XIII.)

The following amendments were offered by Drs. FARNSWORTH and WOODVINE respectively:

To Article VII., add: The Recording Secretary shall receive fifty dollars annually, as a compensation for the labors and duties incumbent upon the office."

To Article VIII., add: "The Treasurer shall receive fifty dollars annually as a compensation for his services.

Committee: Drs. FARNSWORTH, WOODVINE and JONES.

On motion of Drs. FARNSWORTH and WOODVINE, respectively, it was voted that the Recording Secretary and Treasurer each receive fifty dollars as compensation for the past year's services.

Adjourned at 4.30 P. M.

Attest: HERBERT A. CHASE,
Recording Secretary.

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I.

THE CUMBERLAND TABLE-LAND AS A HEALTH RESORT.

E. P COLBY, M. D., WAKEFIELD.

JUST west of the Cumberland range of the great eastern mountain system, and extending in a north-easterly and south-westerly direction, nearly across the State of Tennessee, lies a more or less elevated tract called the Cumberland Table-Land. The great Cincinnati Southern Railway built by that city at an expense of over eighteen million dollars, traverses a portion of this tract longitudinally, and is a means of directing the public attention to this new region as a health resort for invalids from both the northern and southern portions of our republic. The northern and more elevated portion has an altitude of over 1,500 feet above the sea; while the southern extremity is less elevated, the average height may be placed at not far from 1,500 feet. The eastern border is encroached upon by the spurs of the Cumberland range and the western boundary is much higher than the highland rim of the great central basin. On the east this plateau is sheltered from the damp, chilling winds of the Atlantic by the lofty peaks of the Blue Ridge and Allegheny ranges in North Carolina, and the less towering Cumberland mountains of Tennessee, the three ranges forming a triple basin. The first mountain range having some of the highest peaks of the Appalachian system, acts very powerfully to precipitate the moisture brought by the ocean winds; and the same factors are potent with regard to the south-easterly winds. The Cumberland range also throws out spurs towards the west in such a manner as to serve as a partial barrier against the fierce northers which are so much dreaded in Texas. It will be seen that the winds most affecting the climate here are the south and south-west winds from the Gulf of Mexico, and the west winds from the great interior. The altitude, as well as a more northerly latitude,

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give colder and more bracing winters than are found in Florida: in fact, ice and snow are found here during many days of the winter; but, as a rule, they do not stay long. I have seen ice formed on the water in a bucket as late as the 25th of March, and zero weather, although rain is not unknown in many places. The rainfall during the cold months is not excessive; and from the nature of the soil, and the contour of the surface never remains long in pools. Not alone from the altitude but also from the immense forests, the nights are cool both in summer and winter, there being but few nights when blankets are not needed for sleeping. The surface gives the impression that the whole table-land was once a great plateau nearly level or rolling, but that innumerable watercourses have during ages eroded the underlying formation, until valleys are formed, leaving the country diversified by a great number of steep hills, two to four hundred feet in height, differing materially from their elder brothers on the east, the mountains of upheaval belonging to the grand Appalachian system. It is from the great number of these steep hills that the water is rapidly carried to the creeks existing in every direction, and thus, save in the roads, you seldom find standing water. In the summer, of course, many of these little streams are not found. The whole country is covered with a growth of both deciduous and evergreen trees; but from the annual burning of the grass, the underbrush is destroyed and the trees prevented from reaching a very great size, and thus, there is given an open, park-like aspect, and there is an absence of the superabundant forest moisture which has been found so prejudicial to consumptives in the Adirondack woods. The soil, even judged from a New England stand-point, is thin and, as a rule, not rich, although it is said to be well adapted to raising small fruit, and I have seen some excellent tobacco raised in Scott county; it cannot, therefore, be considered as designed to support an agricultural population. In the north the surface rock is sandstone, while in the southern half, limestone crops out, and throughout the whole length and breadth, are occasional deposits of coal and iron, many of the

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deposits being of such size that they must, sooner or later, invite the attention of the capitalist. Numberless streams of the finest water I have ever tasted run from the seams of the sandstone, and hardly a farm is found which has not on, or near it, an excellent chalybeate spring, and these iron springs furnish water charged in varying proportions according to the location, but in every case the metal is in complete solution, and the water is as limpid as melted ice. As yet the country is comparatively unsettled, and the accommodations are few and far between. The native inhabitants live in small log cabins which afford but insufficient shelter to the invalid; and although the people are hospitable they have not the food necessary to an invalid, nor have they the means with which to procure it. They do not seem to a person from the east to be over-industrious nor thrifty. The country being now penetrated by a prosperous railway, must soon change in the character of its occupants, and already eastern and northern men are settling there, and it is to be hoped that in a few years an invalid may be sent there and not suffer for want of the comforts of life. Lately an English enterprise under the leadership of Mr. Thomas Hughes, erected a fine hotel, and for a while it prospered; but I learn that the whole settlement has, from inherent faults, failed to prove a success. One thing has, of course, to be decided, whether when the country is largely settled and the forests cleared off, the climate will not be thereby so changed that it can no longer be considered a sanitarium. From its geographical surroundings Knoxville should be nearly if not quite as favorable for invalids as either Scott, Morgan or Fentress counties, and there every necessary accommodation can be found, it being a place of some 800 inhabitants; but never having visited the place, I cannot speak confidently. Wartburgh has an elevation of some 2,500 feet, and there are tolerable boarding-places to be found, but even here, the diet is too much confined to the staple hog and corn meal. In the northern portion game is plenty, and if the patient is fond of shooting, the pursuit of sport will go far towards regaining the lost health. Phthisis is said to be un-

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known on the plateau, but this is not strictly true of this or any other place. Intermittent fever is probably as rare as in New Hampshire.

To sum up, we have here a vast section of country elevated to such an extent that the air is not rarified but bracing; so far removed from the contamination of centres of civilization, that the atmosphere is pure and charged with the ozone and balsamic properties of immense forests of pines; so well protected to the seaward by lofty peaks, that the harsh ocean breezes are to a great extent shut off, and the surplus humidity precipitated; a dry, well-drained soil; and a cool, invigorating, but not severe winter climate, free from malaria. It is not the best place for all cases, but will be found well suited to many. For one or two winters it will be salutary for catarrhal and bronchial troubles, and for some cases of early phthisis. With its spring and autumn climate and its wonderful chalybeate springs, it ought to be beneficial to many cases of Brights' disease, and last, but not least, a proper place to recuperate from the ill effects of malarial poisoning. In two cases of nervous exhaustion one was benefitted by a short stay, and another received no good results from remaining there some months. It may simply be looked upon as one more resort for invalids added to our list, and I think it well to remember that it is not always some particular place, but that it is a change of scene and circumstances, that benefits our suffering friends in many cases.

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II.

REPORT OF NECROLOGIST.

N. R. MORSE, M. D., SALEM.

IN MEMORIAM — STEPHEN MADISON GALE, M. D.

THE subject of this brief memoir was a native of the Granite State, having been born at Kingston Plains, Rockingham County, N. H., October 20th, 1809; and, after a protracted illness, peacefully fell asleep in the arms of his Saviour and Judge, at Newburyport, January 26, 1882, at the age of 72 years three months and six days.

Dr. Gale was both born and bred to the profession of medicine, as will be evident by a short sketch of his ancestors. His maternal grandfather, Josiah Bartlett, M.D, was born in Amesbury, Mass., November 21, 1729, and located as a physician in Kingston, N. H., in 1750, where he soon became eminent. During the prevalence of an epidemic of diphtheria, or a fatal throat disease among children, in 1754, he introduced the use of Peruvian bark in the treatment of the same, with marked success.

Dr. Bartlett was a delegate, from New Hampshire, to the Continental Congress in 1775 and 1776; the first to give his vote for the Declaration of Independence, and its first signer after the President, John Hancock. He was also Commissary and Medical Director of the New Hampshire troops, and accompanied Gen. Stark to Bennington, in 1777. Appointed Chief Justice of New Hampshire in 1778, and President of the State from 1790 to 1793, when he became its first Governor under the New Constitution. He was one of the founders and President of the New Hampshire Medical Society — from which he was expelled for certain innovations and changes which he made in the "regular" practice of that day, but which he lived to see generally adopted and his membership restored. It is a singular fact that his grand-

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son, Dr. Gale, was also expelled a few years since for practicing homœopathy, by the Massachusetts Medical Society, the same self-styled "regulars" who are yearly, and almost daily, coming over and adopting the principles of our school of medicine.

Dr. Bartlett left three sons, Josiah, Ezra and Levi, all physicians; the first, Josiah Bartlett, Jr., M. D., a member of Congress from New Hampshire, from 1811 to 1813, and a daughter, the mother of our deceased friend and colleague.

Dr. Gale's paternal ancestor, Daniel Gale, came from Salem, and was duly published and married to Rebecca Sweet, of Newbury, in 1700. Daniel left a son by the name of Jacob, who died in East Kingston, N. H., in 1760, leaving a son by the name of Amos, the grandfather of Stephen Madison Gale, who chose the profession of medicine, and settled in Kingston, N. H. Amos Gale, senior, left a son, Amos, who was also a physician, and he had five sons, all physicians, namely: Ezra, Levi, Josiah, Amos and Stephen Madison, the subject of this memorial.

Dr. Gale emphatically belonged to a medical family, there being no less than twenty-nine of his near relatives, including grandfathers, fathers, uncles, and four brothers who were physicians. They and he were alike useful, eminent, honored and esteemed. His education was obtained in the Common Schools of his native town, Kingston, and Exeter academies, and was of a satisfactory, liberal character, embracing Latin and Greek, with other branches taught in the Academies' curriculum of those days.

He read medicine, by his father's advice, with his older brothers, Dr. E. B. Gale, of Kingston, N. H., and Dr. L. B. Gale, of Boston. Attended medical lectures in Boston for three years, and received the degree of Doctor of Medicine from Harvard University, in August, 1837. Dr. Gale began the practice of Medicine at Derry, N. H., and in 1839 was admitted a Fellow of the Massachusetts Medical Society, and in the same year located in Methuen, Mass., where he soon obtained a successful practice, and to this day is remembered as the *good* physician, who labored faithfully and

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conscientiously for the best and highest good of his patients. It was while engaged in practice at Methuen, that his attention was directed to homœopathy. He became interested in the new system of therapeutics by observing, in the case of his wife, the real and beneficial effects of attenuated remedies prescribed by his friend Dr. de Gersdorff, then practising in Andover. After patient investigation and careful study, when he became thoroughly convinced of the truth of "*Similia similibus curantur*," he openly adopted the same with alacrity, and soon after removed to Newburyport, in 1850, succeeding Dr. George W. Swazey, who removed to Springfield, Mass., and there successfully and permanently established the principles of Homœopathy, leaving no less than three colleagues there to-day, to hold up the noble banner which he so firmly planted in that staid old city.

Dr. Gale was a good student, devoted to his profession, who clung to its routine work with the ardor of youth until almost the close of life.

In Newburyport he was successful from the beginning, not alone in skilful treatment and the recovery of his patients, but also in a pecuniary point of view. His practice there netted him $5,000 and upwards for a long series of years. He grew prematurely old by the constant and exacting labors which his numerous clientelage demanded at his hands. Some two years ago he had a mild stroke of paralysis; and although able to walk and ride out a greater part of the time, till the day previous to his death, his family and friends felt that the time of his departure was near at hand.

Dr. Gale was one of the original members and first president of the Essex County Homœopathic Medical Society, and in 1873 gave the address, on the occasion of their First Annual Field Day; and in 1874 read a valuable paper, entitled "The Early History of Homœopathy in Essex County." He was also one of the original members of this society, and although second on the list of nomination for president, in 1873, he came within two votes of being elected — our loved, honored and lamented friend and colleague, J. Harvey Woodbury, M.D., of Boston, being the successful candidate. He

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was elected a member of the American Institute of Homœopathy, in 1859, and therefore lacked only two years from attaining the dignified rank of a *Senior*, a title acquired after a membership of twenty-five years, which he so well merited from his venerable appearance.

Dr. Gale was a sincere and zealous Christian, and for many years an honored and faithful member of the Baptist Church, which will, for many years to come, miss his warm heart and genial sympathy in all good works and deeds. He was, in the truest sense, a modest, unassuming, refined and cultivated Christian gentleman. His earthly record is now closed; his work well and faithfully done; he has entered the rest and the rewards of that better life beyond the viewless shores of earth.

Dr. Gale was three times married. The first, March 28, 1843, to Hannah W. Johnson, by whom he had two children: Alice Bartlett, who died at two years of age, and Anna Bartlett, now the wife of the Hon. E. Moody Boynton, of West Newbury. His second wife was P. Jane How, of Haverhill, sister of the present mayor of that city, whom he married in 1858, and by whom he had one son, George How Gale, who survives him. His third wife, Mary H. How, was sister of the second, whom a wise Providence kindly spared and strengthened, to minister and comfort as none other could, during his last feeble and declining days. Dr. Gale had but one senior in the practice of medicine in Newburyport, Dr. Enos Cross, who, alone on account of ill health, was unable to attend the funeral, every other member of the medical fraternity in the city, without regard to *pathy*, being present. Their presence, sympathy and noble bearing on that occasion, showed better than words can express, the character and high standing of their deceased colleague, and the universal esteem with which he was held by the community in which he had dwelt for the past thirty-two years. Distinguished and representative physicians from the Essex County and Massachusetts Homœopathic Medical Societies, residing in Boston and vicinity, Lynn, Salem, Lawrence, Haverhill and other towns in Eastern Massachusetts were

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also present, together with a large circle of relations and friends. An informal meeting of the State and County Medical societies, of which the deceased was a member, took place, and the following physicians were selected as bearers: Prof. I. T. Talbot, of Boston; Nathan R. Morse, Salem; A. J. French, Lawrence, and C. H. Farnsworth, East Cambridge. The funeral services were appropriately conducted by his pastor, Rev. J. T. Beakley, and his remains interred at Oak Hill.

The physicians from abroad and all in the city were requested to return to his late residence, where they partook of a bountiful collation, and then, with deep sympathy and respect took their leave of the bereaved family. The floral tributes were many and elaborate. The beautiful pillow with motto, "At Rest," was suggestive of that rest which it was his to enjoy, and which awaits the devoted, faithful physician in that world where there are none sick, and disease and death are unknown. Few men enjoy greater opportunities to do good and better the condition of mankind than the faithful, conscientious Christian physician, and few live to improve them better than did Stephen Madison Gale.

REV. GILES PEASE, M.D.

Dr. Pease, a past member, joined the society in 1860, only four years after its formation, was an active and valued member for several years till he removed from the State to Connecticut, in 1871.

He died on Sunday morning, March 5, 1882, at the residence of his son-in-law, in the city of Boston. He was born at Somers, Conn., December 2, 1805. Early in life he was fitted for and entered Yale College, but on account of ill health was compelled to abandon the full course in the University before its completion. His early love for Christ and the souls of men led him to the sacred office of the ministry, where it was ever his delight to watch and labor so long as the Master gave him strength and permitted him to work. His last service was in the Congrega-

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tional Church in Ellington, Conn., on the last Sabbath in August, 1879, when he was stricken with apoplexy at the beginning of his sermon; and although he lingered and suffered for more than two and a half years, he never again addressed an audience or resumed the practice of medicine.

It was his rare privilege, a few years since, on the fiftieth anniversary of his first sermon, to preach from the same text, in the same pulpit, in his native town, to the children and grandchildren of those who heard him in his youth. Dr. Pease was well known for his bold and tireless advocacy of the great principles of anti-slavery and temperance, in those early days, when their advocacy from the platform and pulpit were far from being popular, and later as the skilful and busy homœopathic physician, enjoying a wide and successful practice; whose best and riper years were spent in healing the sick, comforting the dying, and teaching the living how to live. He will be long and kindly remembered for his many virtues of both mind and heart by a large circle of patrons and friends, not alone in those towns where the greater portion of his professional life was bestowed, namely, in Sandwich, Boston, and Rockville, Conn., where the last eight years of his busy life were spent, but also throughout many of the towns and villages of Massachusetts and Connecticut, where his labors as an evangelist and reformer had called him.

Dr. Pease left one son, Dr. Giles M. Pease, a well-known physician, in San Francisco, Cal., and two daughters, to mourn his loss.

In perpetuam requiescant in cœlo.

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III.

DEFERRED LABOR.

H. E. SPALDING, M. D., HINGHAM.

THE period at which gestation naturally culminates in labor is pretty definitely established in the minds of all obstetricians; but the period to which gestation may be prolonged is as yet a mooted question. Some have persistently affirmed that the period of gestation can be prolonged by, at most, only a few days; others, that it may be by as many weeks. All acknowledge that labor is often brought about at any period before the normal end of gestation, and even that in some women the dates of successive deliveries seem to indicate that to them the normal period of gestation is less than the usual 280 days; but when asked to believe that the duration of labor may likewise be prolonged, they declare with Sir Charles Cook, that the laws of nature are always the same,—that the duration of pregnancy is not more than 40 weeks. According to the laws of Scotland and France, pregnancy can not continue more than 300 days, and of Prussia, 301 days. In these countries, then, a child born 302 days after a proved separation of the woman from her husband is declared illegitimate. The laws of England fix no limit; but in the noted Gardner peerage case, the Court decided that the son born 313 days after the separation of the mother from her husband was illegitimate. It is a fact, however, that the testimony in regard to the moral aspects of the case did more to bring about this verdict, than did the expert testimony of the several learned physicians, who were called upon to give their opinions, as to the possible duration of gestation. In this country, two cases where the duration of pregnancy, estimated from coition, was shown to be in the one 313 days, and in the other 317, the paternity was held to be established.

Extended and careful observations of animals, which con-

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ceive only while in rut and from a single *coitus*, prove that in them the period varies greatly. In cows gestation has been observed to extend 36 days beyond the normal period, and in mares 60 days. We may naturally expect to find analagous results from observations made with the human kind, and many instances of delayed labor have been recorded. Dr. Reid reports 40 cases, where it was believed that circumstances were such as to permit the fixing of the date of conception to a precise day. Of those 40 cases, 18,—less than one half,—were delivered during the 40th week; 6, during the 41st; and 4 during the 42d week. Of these, then, ten per cent. exceeded the ordinary term by about two weeks. Sir J. Y. Simpson reports four cases that exceeded the ordinary period by 39, 44, 52 and 56 days respectively. Professor Atlee, 2 cases, the one exceeding by 85 days and the other by 92 days; and Meigs reports a most remarkable case where gestation continued 14 months, or 140 days beyond the normal term. The late Professor Woodbury reported to this society two cases in which the normal period between the last menstrual flow and delivery was exceeded by 79 and 98 days respectively. Those who are disposed to assert the fallibility of these reports offer various theories by which the apparent irregularity may be in whole, or, at least, in great part, accounted for. This, however, we do not propose to discuss, but to accept it as a fact that delivery is often not accomplished at the expiration of the ordinary term of gestation, and to seek for some natural cause for this result.

Labor is deferred to a later period than the 280 days in some cases naturally. Every physician of long experience has been informed by patients that they always exceed the normal term, and they prove the truth of the statement by correctly reckoning accordingly in each successive pregnancy. Dewees states that in 4 cases he has observed as a habitual accompaniment of each successive pregnancy that labor was delayed until after the 300th day. Dr. Hamilton marked the same peculiarity in one of his patients. Dr. Retzins, of Stockholm, reports a remarkable example of delayed labor not simply as a peculiarity of an individual

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mother, nor attending individual pregnancies only, but as an hereditary peculiarity attending a mother and her two daughters. My experience has been that *primiparæ* are most liable to a prolonged period of gestation. Sometimes they experience threatenings of approaching labor at the time expected and sometimes not. I am by no means willing to believe that the many such cases I have seen were simply mistakes in reckoning. I regret that I cannot give the exact facts in all my *primiparous* cases; but suffice it to say, that I have so often observed this peculiarity, that I now expect engagements for first labors will be deferred from 3 days to 2 weeks longer than the average. We may account for it in this way: Abortion and miscarriage are not so liable to happen in the *primipara* as in subsequent pregnancies; so when the ordinary period of gestation has been consummated the *uterus* does not so promptly respond to the exciting cause,— whatever that is,— of uterine contractions, as it does after having one or more times assumed the functions incident to delivery.

It will, I think, be found that, in most cases of protracted gestation, labor actually comes on at about the average time; but from some cause the pains are ineffective and finally die away, not to return until some later time, when the opposing cause, or causes, shall have been overcome. Janlin reports a case in point. Pains came on at the expected time, continued two days, and then ceased. Delivery was accomplished just one month later. One of Professor Woodbury's cases, already referred to, was quite marked in this respect. Playfair speaks of a similar case. In short, in most of the extraordinary instances of delayed labor, where all particulars are detailed, we find present this peculiarity. The causes that may produce this result are various. The *uterus* may be so enormously distended with *Liquor Amnii,* or more than one *fœtus,* that the muscular fibres cannot act to advantage, and a condition of inertia supervenes. The *fundus uteri* may be occupied by one or more *fibroids* which mechanically interfere with effective uterine contractions. Transverse or other malposition of the *fœtus* may

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render the pains ineffectual, and after a time cause a cessation of uterine contractions, and an indefinite postponement of labor. Malpositions of the *uterus*, either by anteversion or lateral displacement may prove to be the cause of delay. I was called to see a lady who had been two days in labor under the care of another physician. He had informed the patient and her friends, that labor was progressing slowly; that the *os uteri* was well dilated, but that the membranes had not yet ruptured, and seemed unusually tough. I found the patient exhausted with her long suffering and want of rest, and discouraged with her ineffectual efforts to assist nature by bearing down as her attendant had urged her to do. Examination revealed the *uterus* anteverted, the *os* being directed posteriorly, undilated, and so high as to be with difficulty reached by the finger. The head of the child pressed firmly down upon the anterior wall of the *uterus* which presented at the superior strait, and had been mistaken by the attending physician for the deciduary membranes. The womb was in a state of tonic contraction. The woman was lame and distressed in every part of her body, from her long-continued efforts to aid nature. What, then, was to be done? Even had the position of the *uterus* been normal, she certainly was in no condition, physically or mentally, to endure the pains that must attend a natural delivery. Rest was demanded while the *uterus* was being so adjusted that the *os* should present at the superior strait. I gave $\frac{1}{8}$ grain *Acetate of Morphia*, with directions to repeat the dose if required to induce sleep, and applied to the abdomen, a swathe so adjusted with shoulder straps as to support the *fundus*, and at the same time lift it to its proper place. To further promote this end, I ordered that she retain as far as possible the supine position. Calling a few hours afterwards, I found her quietly sleeping. It was only after the lapse of eight days, that with the *uterus* restored to its normal position, pains returned, and delivery was accomplished with no unusual symptoms.

Simple weariness of body or mental disturbance may

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cause the pains of labor to disappear for a longer or shorter time. Every physician is familiar with the experience of having to wait for the return of pains, which had left when he was first introduced to the lying-in-chamber. A very marked case occurred in my practice. I was engaged to attend the patient on the 10th of the month. She was very sure of the day, from the fact that she had been separated from her husband for several weeks before and after the time that she believed that conception took place. An intimate acquaintance of hers engaged me for the same day, and she was quite anxious lest I should be unable to attend the one or the other. The appointed day arrived. The first had had pains during the night, which increased in severity and frequency towards morning, when she learned that I was already in attendance upon her friend. She was alarmed, and, as she declared, "determined not to be sick that day." Later in the day I found the *os* dilated to the diameter of about 1½ inches, with no signs of uterine contractions, the *uterus* being otherwise in a natural condition, and the woman feeling altogether very well. I watched the case daily, and there being no change from this condition, not only allowed her to attend to her ordinary household duties; but even occasionally took her in my carriage for a drive. Just two weeks from the day she expected to have been confined, and from the actual inception of labor, she went through a remarkably easy delivery.

The treatment to be adopted in cases of delayed labor will greatly depend upon the interrupting cause. Ordinarily since, while the membranes are unruptured, no harm can come from reasonable delay, to either mother or child, it is advisable to wait for nature to act. Should the cause be a malposition of the *fœtus*, it should, of course, at once be placed in a normal position by proper manipulation without rupturing the membranes. If there be a deviation of the *uterus* from its proper axis, it should be corrected. If over-distention of the uterus by *liquor Amnii* be evidently the cause, the membranes should be punctured, so as to allow a

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portion of the fluid to slowly escape. In short, whatever the cause may be, measures should at once be adopted for its removal, with the expectation that then nature will reassert her powers, and delivery be readily accomplished.

IV.

A REMARKABLE CASE OF PREGNANCY.

A. B. CHURCH, M. D.

In the service of Prof. Depaul at the lying-in-hospital (Clinique d'Accouchement) at Paris was a young woman of twenty-two years of age, who entered the hospital the 23d of June, 1881.

She was in good health. Menstruation was established at the age of eleven. At sixteen she became pregnant, which terminated well. Since then, menses have been regular and abundant, till Sept. 8th of previous year, when they were suppressed because of a second pregnancy which she thought was at term.

Prof. Depaul made an external examination and found traces of Syphilis which the patient did not deny: said she had contracted it previous to this pregnancy, entered a hospital, and was treated for it; but she left the hospital before the treatment was completed. Motion was felt for the first time near March 1st, then, near the end of this month, motion ceased. The days following, the mammary glands became swollen, hard, and milk flowed from the nipples.

Prof. Depaul remarked the peculiar form and character of the *uterus*. If the last menses took place Sept. 8th, and she conceived near the 20th or 22nd of the same month, she ought now, June 23rd, to be at term. But there was not the elasticity nor the globular form characteristic of an *uterus* containing the product of conception at this period of development. Instead, there was a compact flat mass. Prof.

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Depaul decided if she were really pregnant there was very little amniotic fluid, and that the *fœtus* had undergone peculiar modifications.

Upon internal, or vaginal examination, the *cervix* had the signs of a pregnancy of four or five months. In combining external with internal examination the *uterus* was felt between the hands, but it had not its characteristic signs. Auscultation gave no sound of a fœtal heart, nor any kind of a souffle. Prof. Depaul diagnosed: pregnancy with an uterine development of five or five and a half months, and that the *fœtus* had undergone some peculiar change.

This patient was confined Aug. 14th, the labor presenting nothing especial. In two or three hours the *fœtus* was expelled, dead, enveloped in the membranes, and presented no signs of putrefaction, notwithstanding it had rested in the uterine cavity for more than five months after it was dead.

Prof. Depaul said it was the first time he had ever seen a pregnancy last from ten to eleven months, and a *fœtus* dead at the fifth month, expelled five or six months later.

This observation is an addition to the numerous facts, which prove that a *fœtus*, dead in the uterine cavity, the membranes resting intact, can remain several months without the least danger to the mother.

The *fœtus* was exhibited modified by maceration, but exhaling not the least odor of putrefaction, although it had been twenty-four hours in contact with air and water.

Prof. Tarnier of the Maternité remarked that he had met with a pregnancy of more than nine months, but he had seen pregnancies which lasted three months after the death of the *fœtus*, and the mother experience no morbid effects, which proves that the prolonged resting of a *fœtus* macerated, but not putrefied, in the maternal organ, may be without danger to the mother. He has experimented with the blood of such a *fœtus*, by injecting this blood into the blood of a rabbit, without determining any accidents of Septicaemia.

Prof. Tarnier tested the different disinfecting properties of various liquids.

He took several glasses and put into them a piece of

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the umbilical cord. He filled the glasses with *Carbolic Acid*, *Picric Acid*, *Permanganate of Potash*, *Chloral*, *Salicylic Acid*, *Borax*, *Boracic Acid* and the *Liqueur de Van Swieten*, which consists of *Bi-chloride of Mercury*, 1; *Water*, 900; *Rectified Alcohol*, 100. (This Liquid contains $\frac{1}{1000}$ of its weight of *Corrosive Sublimate*.)

In fifteen days the cord had undergone putrefaction in the *Carbolic Acid*, the *Chloral*, and others, except the *Liqueur de Van Swieten* (*Corrosive Sublimate*,) and the *Boracic Acid*, proving that the best antiseptics were the *Corrosive Sublimate* and *Boracic Acid*.

Prof. Tarnier uses the *Liqueur de Van Swieten* to disinfect his hands when there are no scratches, and it has also been used to preserve interesting pathological specimens.

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V.

PRESIDENT'S ADDRESS.

LADIES AND GENTLEMEN: — Medicine, theology and the slave question, have, this last half century, agitated the country in a beneficent way. Deliverance to the captive has been the burden of their songs. The first gun fired at Sumter decided the freedom of the slave; advanced religious thought, showing a loving Father in place of a wrathful God, has brought hope and joy to burdened souls; and now the needed change in medical practice finds its grand work in freeing yet further suffering humanity. No longer need poisonous, abominable compounds be forced upon people. There is a clean way to treat disease.

Let us consider this science of homœopathy. What is it? What is its dose? What are the results of its introduction?

There are, no doubt, among the general public, many who think Hahnemann was the first discoverer of the law, *Similia similibus curantur;* but long before his time we find writings indicating that others had had a glimpse of the same. Hippocrates, born about four hundred years before Christ, gives us the pure homœopathic law. Among his writings we find the following: "By similar things disease is produced, and by similars administered to the sick they are healed of their diseases."

Among the papers of Antiphanes, who lived four hundred and four years before Christ, we find one rendered thus: "Take the hair, it is well written, of the dog by which you are bitten; work off wine by his brother, and one labor by another." This is isopathy, not homœopathy; still it is approaching the light.

In a Sanscrit poem, written fifty years before Christ, we read thus: "It has been heard of old time in the world, that poison is the remedy for poison."

When our Lord was upon the earth, he was accused of casting out devils by Beelzebub, the prince of devils. Al-

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though this was said in derision, it was not denied, and all must acknowledge it good authority for the law and evidence that the Jews were in no better state for a new dispensation in medicine than they were for the advent of the Christian religion. Since that date the law has been acknowledged by many. Among others, Haller, about the middle of the last century, offers the following suggestion: "The remedy is to be tried on the healthy body without any foreign substance mixed with it. A very small dose is to be taken and attention is to be directed to every effect produced by it; for example, on the pulse, the temperature, the respiration, and the secretions. Having obtained these obvious phenomena in health, you may then pass on to experiment on the body in a state of disease."

Sydenham writes as follows: "The method whereby, in my opinion, the art of medicine may be advanced, depends chiefly upon this, that there must be some fixed, definite, and consummate method of healing of which the commonweal may have the advantage. By fixed, definite, and consummate, I mean a line of practice which has been based and built upon a sufficient number of experiments, and has in that manner been proved competent to the cure of this or that disease."

But to Hanhemann belongs the honor of introducing and perseveringly promulgating the law of homœopathy against all opposition, railings and persecutions. Having discovered a great truth, his most ardent desire was to develop it to its full extent, in the unfolding of which no man had dared to advance. Even Haller, after his remarkable words, was unequal to the self-sacrifice, the immense labor, and the certain persecutions consequent on following out the idea of which he had a glimpse, — a glimpse of that which, carried out by another, was to be one of the greatest blessings to future generations. But the master mind of Hahnemann, ever busy and ready for every ray of light, was seeking for new developments at every turn. That, mentally, he was different from the physicians of his day, and that he was peculiarly fitted for his work, seems evident, not only from the manner

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in which he investigated his new-found truth, but from his manner of treating the sick before his discovery of the law *similia.*

In an essay entitled "Are the obstacles to certainty and simplicity in practical medicine insurmountable," he says: "Dare I confess that for many years I have prescribed but a single medicine at once, and have never repeated the dose until the action of the former had ceased; and never a second, until I had a clear notion of the operation of the first."

It was some time after his experiment with *Cinchona* that he published one of his first trials of the new-found law of *similia,* taking *veratrum vir.* In this case he gave the patient four powders, each containing four grains, one to be taken each day; the patient, however, took two per day, taking thus sixteen of *ver. vir.* in two days, with severe aggravations of the colic, cold sweat and suffocation. Three days were required for recruiting. After six months there was no return of the colic, and the food that formerly caused it could now be eaten with impunity.

In July, 1779, *Belladonna* was first used by him, in the Sydenham scarlet fever. He used it also as a prophylactic, the remedy being put to the test with the following results: out of 3,747 persons exposed to the infection of scarlet fever, and who had taken *Belladonna* as a preventive, only ninety-one took the disease; the dose, $\frac{1}{18000}$ of a grain of the extract. Had we Hahnemann's genius and perseverance it would seem that a prophylactic might be found for diphtheria.

Hahnemann's rules in regard to homœopathy are, first, never to give a substance as a medicine which has not been made the subject of experiment for ascertaining its action on the healthy body; second, always to give but one medicine at a time, and never repeat until the action of the first dose is exhausted; third, always to select a remedy homœopathic to the disease; fourth, after selecting a medicine which is homœopathic to the disease, give it in a dose so minute that it shall act only on the part morbidly susceptible to its action.

Homœopathy has reference solely to the selection and administration of the appropriate remedies; it detracts

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nothing from the regular medical education. Anatomy, physiology, pathology, chemistry, with their kindred branches are unaffected by it. All the departments of medical study demand the same attention from the physician of the new, as from those of the old school. We differ from them only in our ***materia medica*** and therapeutics. We have no specific, no nostrums, no patent medicine, no panacea for all the ills flesh is heir to. Yet we are denounced as humbugs. Homœopathy seems to be one of those truths "which some men despise because they will not examine them, and which they will not examine because they despise them."

The little pellet and the infinitisimal dose are only a part of homœopathy; without the law ***similia*** they would be of little use, but combined with it they become powerful agents in restoring health to mankind. The pellets and the small dose were suggested by Hahnemann. The pellets as a vehicle, and the small dose after experiment, as surer and safer. Hippocrates says: "Give the poison in a smaller dose as a remedy in the natural disease than would be sufficient to produce similar symptoms in a healthy person." How much smaller, must be a matter for the judgment and experience of all, and will, in my opinion, depend very much on the magnetic power, as well as on the clear, keen perception of the prescriber.

It will be well to remember that the law of similars was discovered by experiments made with the usual doses; and as far as that law goes, a physician may be a true homœopathist and never use any other. There are those, I am well aware, in the homœopathic ranks who reject Hahnemann's theory of healing based upon positive, physiological and psychological facts thus expressed: "In health, the vital force which dynamically animates the material body exercises an unlimited power. It preserves every part of the organism in an admirable vital harmony, as regards sensation and action, so that the spirit which resides in us and which is endowed with reason, is able freely to employ these living and healthy instruments for the purpose of accomplishing the high end of our existence."

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There are those whose thoughts are so material that they hardly realize that spiritual causes give form and life, and that it is from these that we have health or disease; that the spiritual world is the world of cause, and this a world of effect; and that all that takes place here only corresponds with causes there. We must take men as they are: if one can receive only the law of *similia*, and is governed by that in his treatment of disease, we have no fault to find; but let him use care in his ridicule, lest he casts aside true theories, giving in exchange only his own tiny experience. Whatever may be believed as to Hahnemann's theories, the law of *similia* is a practical fact. For sixty years this country has felt its power. Thousands of educated physicians have tried it upon the sick, and it has not been found wanting. It is a rule by which the proper remedy can be selected in every case, provided we are fully informed in regard to the case itself; and curable diseases are readily cured by following it. It stands upon its own merit, the one convincing test for any method of healing. Sir William Blackstone says: "Evidence signifies that which demonstrates, makes clear, or ascertains the truth of the fact or point at issue; that the laws of nature are general facts; they are discovered and their truth proved and maintained by examining as matters of fact; that they are discovered by a few; but when once announced they are open to the understanding of all; they are put to the test of daily experiment and observation, and were they not true, the facts which contradict them would not fail to be speedily discovered."

In speaking of the law *similia* as a general and universal law, we must not forget that death is inevitable. One system or another may prevail, yet generation after generation will pass away, and our questions must simply be, from which method is the greatest good to be derived? which will most frequently ward off the approach of death? Statistics, which it is unnecessary to repeat at this time, give us ample proof that these two important questions are answered in the affirmative for homœopathy. Homœopathy aims at permanently curing; not merely palliating. In doing this,

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the use of small doses obviates the mischief occasioned by poisonous drugs. The system is not reduced; our aim being to have the medicine act only on the diseased organ, or organs. We give but one medicine at a time, a remedy the pathogenetic effects of which have been made known through the combined trials of many interested in the development of this system of healing the sick, and which we think is the only way in which a true knowledge of any medicine can be obtained, namely: by testing it on the healthy. We therefore select our remedy, not by the name of the disease, but by the totality of the symptoms. That this is more sure than the old way, let us refer to Sydenham, as he was well versed in pathology. He says, "I am convinced that epidemic diseases differ from one another like north and south; and that a remedy which would cure a patient at the beginning of a year will kill him, perhaps, at the close." Again, that "when once by good fortune, I have hit upon the true and proper line of practice that this or that fever requires, I can, with the assistance of the Almighty, by taking my aim in the same direction, generally succeed in my results. This lasts until the first form of the epidemic becomes extinct, and until fresh ones set in; then I am again in a quandary, and am puzzled to think how I can give relief. It is more than I can do to avoid risking the lives of one or two of the first who apply to me as patients." This is a frank and honest confession, and from good authority.

But the law *similia similibus curantur* is not the whole of homœopathy. For further light on this let us look a little at Hahnemann's theory of disease. He teaches that there is a vital principal or dynamic force which connects the soul and body; and which, presiding over the functions of the body, keeps it alive and in action. If this vital principal is deranged by the dynamic influence of a morbific agent, certain abnormal sensations result. These disturbances are manifested to us by symptoms, and constitute the disease. For drugs also he claims a peculiar spiritual power. This is capable of disturbing the healthy action in the human body, and develops similar symptoms to those produced by other

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causes. When skilfully and homœopathically selected, this drug principal acts favorably on the disturbed organism. The natural disease previously existing terminates, and we have remaining a more or less severe medicinal disease, which is usually subdued by the vital power. Should the homœopathic prescription be given in too large a dose, it can be easily seen that the vital energy would be excessively taxed, and that parts already excited by disease would be injuriously affected.

The appropriate dose, therefore, in any case, is a question to be decided by experiment; it has, however, been fully proved by those of undoubted integrity, that diseases are cured by the very smallest doses. If we should take nature for our teacher, we will find that in contagion and malaria we have the very best argument for the highly attenuated remedies, for in each we have effects of minute particles, so small that no miscroscope can discern them, yet they act upon the body, producing disease. Is it, then, impossible that the infinitesimal homœopathic dose may so act as to restore it to health? Swedenborg says, that "Every thing divided is more and more multiple, and not more and more simple; because what is continually divided approaches nearer and nearer to the infinite, in which all things are infinitely."

Prof. Dopple of Prague, says: "Nothing created is either small or great except comparatively. Hence, does a medicine act upon the frame by its ponderable quantity, or by its superficial extent? If by the latter, then Hahnemann may really, in his millionth of a grain, have given a larger dose than his colleagues who prescribed whole grains."

Professor Huxley, when speaking of pharmacology, says: "At the present rate of progress, it will sooner or later become possible to introduce into the economy a molecular mechanism which, like a cunningly contrived torpedo, shall find its way to some particular group of living elements, and cause an explosion among them, leaving the rest untouched." If Professor Huxley had examined a little closer into homœopathy he would have learned that the little cunningly

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contrived torpedo had already been found and tested by homœopathic physicians throughout the world.

In view of the facts thus enumerated, it will be well to remember that the pioneers of homœopathy in this country used successfully the thirtieth attenuations — they had only these at their command, and the only place to obtain them was at Philadelphia, of J. G. Wesselhœft. Had it then been proven that the thirtieth potency had no curative power, homœopathy to-day would have been a thing of the past, and our enemies would have been made glad by the fulfilment of their prophecy, that homœopathy, the delusion and humbug, would have a short life, soon sinking into oblivion. But knowing the success attending the use of these early remedies, would it not be well to do away with this internal strife — this trying to unsettle long established facts — and, heartily rejoicing in all good done, to give credit wherever deserved; and from all success, to gain a new stimulus to faithful research in this broad science.

Claude Bernard says: "The skeptic is he who believes not in science but in himself; he believes enough in himself to dare disown science, and to affirm that it is not subject to fixed laws."

The results of the introduction of homœopathy are to be seen on every hand. By our own practice we are continually strengthened in our faith; and our knowledge of the success of others of our school confirms the favorable opinion. From homœopathic hospitals, in different sections of the world, statistics are sent us showing the successful treatment of many forms of disease. In cholera and yellow fever the triumph of homœopathy has been brilliant. Our success has been so evident that our warmest advocates are from the most intelligent people in the community. Ministers, lawyers and doctors give it their careful study, and often accept it after deliberate comparison with other methods of healing.

The New York Mutual Life Insurance Company makes the statement that out of 5,309 homœopathic policies there were forty-one deaths; while out of only 1,700 non-homœopathic policies there were fifty-one deaths. Statistics in large

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number might be cited in proof of the success of the "humbug," that was so soon to die; but the results of homœopathy can be seen in other ways.

Witness the efforts of thousands of our citizens to open the way for the introduction of homœopathy into our hospitals and other institutions under the care of the state or city. The legislature of Michigan insists that in the medical department of the State University, instruction in homœopathy shall be given. The $300,000 appropriated to establish a homœopathic insane asylum by New York; the action of the common council of St. Louis, which compels the allopathic professors to admit homœopathic students on equal terms with their own to the hospital clinics; all these are further evidence of the hold homœopathy has gained over the popular mind. More remarkable still is the change that has come to the allopathic profession, a change greater than it had known before in all its thousands of years' existence.

The allopathy of to-day is very different from the allopathy of forty years ago; vivisection, carthartics, purgatives, the large dose composed of many drugs, are rapidly becoming things of the past. Surely and steadily homœopathy is being adopted by its would-be opponents. Remedy after remedy is pilfered from our *materia medica* and claimed by the "regular" physicians. In many cases the remedies are given homœopathically. Samuel Potter, M. D., "Comparative Theraputics," in every page is full of such proofs.

In the little circular marked "Parvules: To the Medical Profession Only," there are some amusing signs of the growing reform. Dr. S. H. Dessau, in a paper read before the New York Medical Journal Association, says: "It has been long known by some medical practitioners that there is a great potency in small doses at short intervals." He strongly disavows any sympathy with homœopathy. Ringer says: "Some of the medicines were recommended so strongly I was induced to try them, more especially as my practice among children impels me to administer as little unpleasant tasting medicine as possible. We find *Tart. Emet.*, one grain to a pint of water, recommended in bronchitis of children,

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when a large number of mucous râles produced loud wheezing, with an asthmatic cough, mostly at night. *Corrosive sublimate* is to be given in a certain form of diarrhœa of children likely to be taken for dysentery. When the general symptoms are mild and the special features secondary to the diarrhœa, Ringer chooses the *Cor. sub.* for the mucous character of the stools; Parvules $\frac{1}{100}$. *Aconite* receives the highest commendation, especially for reducing the temperature and checking inflammatory process $\frac{1}{10}$. *Nux vom.* is a curative in sick headache; is a powerful agent in small doses $\frac{1}{10}$. A child, for a troublesome parasite, had been persistently treated for two weeks with ten remedies, without any good results. The parents finally denounced the "nasty stuff," and the doctor owns that, "Having in mind a vision of homœopathy and its sweetness stepping into his shoes," he left some parvules of *Calomel* $\frac{1}{10}$ of a grain. The next day the child was much better, and he made but three more visits. The *Southern Medical Record* says: "The efficiency of these parvules we attribute not to homœopathy, but to the thoroughness of preparation and the purity of the articles used. In so far as homœopathy advocates thorough trituration as enhancing solubility and neatness of preparation, as more likely to agree with delicate stomachs, we make no issue, &c." George P. Rex, M.D., says: "I have relieved pain without nausea, or vomiting, with parvules $\frac{1}{10}$ of a grain *Sul. morphia.* I do not know what to attribute this to, except to the peculiar mode of preparing the parvules. I must disclaim any favoritism or sympathy with homœopathy. One parvule given every hour, it will be seen is not homœopathic in theory or practice." Still another says: "If I am asked to explain on what principle these small doses act in certain diseases, I reply on the principle, so far as I know, of actual experience; this is all I know about it."

Trousseau and Bartholow attribute it to a substitutive action, or, as the latter writer expresses it, "The therapeutical action is the physiological antagonist of the diseased action. It will, I think, be found that the necessity for the frequent repetition of the small dose will be in direct ratio

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to the acute or chronic character of the complaint; hourly doses in acute cases, and a more chronic treatment in chronic diseases."

Professor Mabey, in 1845, speaking of Hahnemann, and the obligation of the orthodox school for the full knowledge of *Aconite* in inflammatory fevers, says: "Even were we under no other obligation to Hahnemann, by this single discovery he would, like Jenner, deserve to be ranked among the greatest benefactors of suffering humanity."

These writers follow their open confessions with disclaiming any leaning toward homœopathy, yet their doses and prescriptions are not far astray; and of the cures effected, it is quite safe to aver that they were homœopathically made.

While speaking of homœopathy and its field of action, we must not overlook the fact that there are other aids to be used, as occasions demand. Our first duty is to our patient, and if, after "strict examination and due trial," we make no progress, it is our privilege to resort to any safe and reliable means the case may seem to demand. In surgery our remedies would be comparatively useless unless we could have all the appliances the case might require; but with these aids we may expect greater success than our opponents have been able to obtain.

One of the first laws of homœopathy is to remove the cause. Mechanical obstructions I think it best to remove as soon as possible. In cases of poisoning, overloading the stomach, &c., &c., I should not hesitate to use means to expel from the stomach or bowels the cause of the irritation. After removing the offending substance, the remaining symptoms can be easily cared for.

There is still another class which we are frequently called to help. I have reference to those who are incurable, where we can only palliate, and make the patient as comfortable as possible. It is truly wonderful how much we can sometimes do for this class with our remedies; but, there are others upon whom they have no effect, and we must rely upon other means to give them relief. And must we, because we believe in homœopathy, refuse to use such auxiliaries as we may

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think proper, because they are non-homœopathic? For my own part, I feel justified in using in such cases any adjuvant that will give relief without harming my patient, to whom and my God, I hope ever to feel accountable for the faithful discharge of my duties.

VI.

REPORT OF THE COMMITTEE ON A STATE HOMŒOPATHIC INSANE HOSPITAL, AT THE ANNUAL MEETING OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY, APRIL 12, 1882.

YOUR committee, in accordance with instructions given to them by the society, upon the presentation of their report at the last semi-annual meeting, prepared a circular with headings of petitions to the General Court, which were sent to all the homœopathic physicians in the State. About sixty of these responded, and forwarded petitions from forty-eight different cities and towns, signed by about seven thousand leading citizens in these respective places. It was the almost universal testimony of those who sent in the petitions to the committee, that time and effort alone placed limits upon the number of signers of the petition.

These petitions were presented in the House of Representatives, and referred to the joint Committee on Public Charitable institutions. This committee consisted of Messrs. Winship of Middlesex, Hastings of Worcester, and Mudge of Essex, of the Senate; and Messrs. Burt of Boston, McSorley of Cambridge, Learnard of Boston, Tapley of Danvers, Roberts of Salisbury, Holbrook of Palmer, Ayres of Hadley, and Babbitt of North Adams, of the House. On Friday, March 10, 1882, the committee gave a hearing to the petitioners.

Your committee felt that it was of the utmost importance, as this was a subject which had never been before presented to the Legislature, and one which would require expenditure on the part of the State, that it should be thoroughly and carefully considered before the State should adopt any plan

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which might prove to be not the best; they did not wish to urge any special plan, which, by being rejected, should prejudice a just claim of the community upon the State in any future application. It was therefore considered by the committee advisable to present it in its broadest form, as a right belonging to the tax-payers of the State, and leaving for further consideration the method in which it should be carried out. The chairman of this committee, Dr. I. T. Talbot, was appointed to present this subject, which he did as follows:—

GENTLEMEN: As chairman of the committee appointed by the Massachusetts Homœopathic Medical Society, it is perhaps proper that I should present to you the subject of this petition. This petition asks in general terms that the State may provide homœopathic medical treatment for the insane who are under its care, and who desire it, or for whom it may be desired. It is not necessary nor is it desirable to enter upon a discussion of the merits of homœopathy before your committee. Suffice it to say that this system of medicine, once so novel and strange, is now well known, and has been steadily increasing in the number of its believers and advocates for the past forty years. In 1840 there were but six homœopathic practitioners in Massachussetts; in 1850, there were in round numbers, fifty; in 1860, one hundred and fifty; in 1870, two hundred and fifty; and in 1880, four hundred.

The believers in homœopathic medication have in the last ten years, at a cost of $200,000, built and sustained a hospital in Boston which has taken care of upwards of 1,500 patients who otherwise could not in this State have had in any hospital the medical treatment they believed in and desired. They have sustained a dispensary which in the last twenty-five years has in this city of Boston given gratuitous treatment to 100,000 poor sick people who have preferred this kind of treatment, of whom about 12,000 have been treated the past year. They also sustain a medical school in connection with Boston University, with a curriculum of study unsurpassed in thoroughness, in which more than one hundred students are enrolled, and from which, in eight years, two hundred and fifty physicians have been graduated in medicine. It is this body of physicians, and these believers in homœopathy, who from their own experience, feel assured that this method is the best for the treatment of disease, and who now come forward and ask you to

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provide for them and for their friends, if they should be obliged to go to an insane asylum, the kind of medical treatment in which they have so much confidence. Moreover, they deem it an injustice and a hardship that they, loyal citizens and tax-payers of Massachusetts, should be compelled to submit to treatment in which they have no faith, and against which they often hold a deep-seated prejudice. So firm is this conviction that many will not go or allow their friends to go to the hospital until actually compelled to do so. Then if they die they feel that it was from lack of proper medication; if they recover, they think the recovery would have been sooner under homœopathic medication.

Whether this be true or not, such is their belief, and wherever numbers render it practicable, we doubt not your committee will consider that the State should accede to the personal rights and opinions of its citizens in a matter like this.

The petitions which you already have, together with those in the hands of the committee not yet presented to the House, contain the names of more than 7,000 citizens of the Commonwealth and residents of forty-eight different towns and cities. Among these are to be found some of the heaviest tax-payers, merchants, manufacturers, bankers, and members of almost every trade and profession. In fact, there is hardly a person to be found, whatever may may be his own wishes as regards medical treatment for himself, who would not desire the State to extend liberty of opinion and choice in this matter to all the citizens. When a thing to be done is clearly right, and is sustained by the people almost unanimously, it cannot be difficult to provide for it. We therefore ask your committee to prepare a bill which shall secure in the best and quickest manner the object of these petitions.

There are various ways by which homœopathic treatment could be provided.

1. By the appointment of a homœopathic physician in each of the present existing hospitals, who should have the medical care and control of all patients for whom homœopathic treatment is desired.

2. To set apart a portion of each hospital for the exclusive treatment of patients homœopathically.

Both of these methods would require friendly relations, not only with the superintendent, but also with the medical staff, to insure the greatest success.

3. The devoting of one of the existing hospitals entirely to homœopathic treatment.

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4. The establishment in some favorable location, and in an economical manner, of a small hospital capable of providing for one hundred patients, with opportunities for enlargement as needed.

This latter plan would require no immediate outlay of money by the State, but would need careful consideration by those most interested and in connection with the State officials having charge of the insane.

Dr. J. Heber Smith spoke of the resources of our school in the use of drugs in minute doses, especially in mania from insomnia, brain fag, and the puerperal states. He dwelt especially upon the rights of our patrons as tax-paying citizens as taking all precedence of therapeutic differences; and he urged the committee to consider the rights of so large and influential a body as the patrons of homœopathy in Massachusetts.

Dr. Samuel Worcester, of Salem, said that it was the recognized duty of the State to provide suitable hospital care and medical treatment for all its insane. Thus far it has failed to do this. All the citizens of the State are taxed for the support of the existing hospitals and asylums, but the medical treatment furnished there is of such a nature as to repel rather than attract, so that many of the insane are deprived of the benefits of hospital care.

We ask simply for justice; that such a state of things may no longer continue; that we shall have what we pay for. This is no time or place to make comment on the allopathic treatment of the insane; but we ask that our rights may be respected and our claims recognized.

As hospitals for the insane are at present organized, there are many objections against introducing homœopathic treatment into any of the present asylums. It would seem better to build a hospital on the plan suggested in the reports of the Board of Health, Lunacy, and Charity, viz., to have a central administrative building, with accommodations for a limited number of patients requiring constant care and oversight, and also a suitable number of houses or cottages grouped.

In answer to questions from the committee, Dr. Worcester gave his views as to the efficacy of medical treatment in the case of chronic and acute insane, and the superiority of homœopathic over allopathic medication as shown by statistics.

Dr. Benjamin H. West made a very stirring address to the committee, in which he claimed that the State had often benefitted itself by getting out of old ruts, and asked the committee to allow

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this new departure in order that those, at least, who wished to do so, could have the benefit of homœopathic treatment.

No one appearing in opposition to the petition, the hearing was closed. The following report and resolve were unanimously presented by the committee, notwithstanding two of the members were allopathic physicians. The resolve was passed through both branches of the Legislature, was signed by the governor, and is now a law.

The document is as follows: —

HOUSE NO. 238.

COMMONWEALTH OF MASSACHUSETTS.

HOUSE OF REPRESENTATIVES, March 21, 1882.

The Committee on Public Charitable Institutions, to whom was referred the petition of Charles R. Codman, Alexander H. Rice, Alpheus Hardy, and others for the separate homœopathic treatment of the insane who desire it, and who are under the care of the Commonwealth, report that they gave the petitioners a hearing, but they regret that no practical plan for such separate treatment was proposed by the petitioners. Recognizing, however, the importance of the subject, they recommend the passage of the accompanying resolve.

For the committee,

GEO. E. LEARNARD.

COMMONWEALTH OF MASSACHUSETTS.

In the Year One Thousand Eight Hundred and Eighty-two.

RESOLVE

Relating to the Separate Homœopathic Treatment of the Insane.

Resolved, That the governor and council be requested to consider the expediency of providing separate homœopathic treatment of insane persons under the care of the Commonwealth, who shall desire such treatment; and in case they shall determine the same is desirable, they are requested to present to the next General Court some practicable plan for the establishment of a hospital for such treatment, and they may set apart, or reserve, for the purpose, the whole, or a portion, of any building belonging to the Commonwealth which is unoccupied or may become vacant during the present year.

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Thus it will be seen that on it first presentation, the Legislature has, without any dissent, recognized the importance of the State's furnishing homœopathic treatment to the insane. It has directed the governor and council to consider this subject, and requested them if they consider it desirable, "to present to the next General Court some practicable plan for the establishment of a hospital for such treatment," and, furthermore, has given them special powers looking to the immediate establishment of such a hospital before a new building could be erected.

So far everything has gone more favorably and easily than the most sanguine members of your committee had dared to hope. The committee and the Legislature have shown a disposition to favor our cause that was wholly unexpected, and it shows that the effort made by the society was not premature. But the end is not yet; and though it may sometimes be true that "a thing well begun is half done," yet it is certain that we have yet much to do before the people of our State will have the benefits of a State homœopathic insane asylum. We have made "friends at court;" but it is now essential that we present a well-devised plan by which we can combine the advantages of homœopathic treatment with all the most advanced ideas regarding the care and treatment of the insane. If we can do this, and present it with wisdom, and sustain it by all the force and influence at our command, there can be no doubt of our complete success in the immediate future. The times are propitious; and it only remains for us to be true to our principles, to be firm in sustaining them on every needed occasion, to use energy and self-sacrifice in support of all our institutions, and we shall soon find opposition and prejudice will give way before the truth of our principles.

Respectfully submitted,

I. T. Talbot, M. D., W. B. Chamberlain, M. D.,
Samuel Worcester, M. D., D. B. Whittier, M. D.,
J. Heber Smith, M. D., A. J. French, M. D.,
H. C. Clapp, M. D., *Committee.*

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VII.

IMPORTANT OBJECTIVE SYMPTOMS.

A. M. CUSHING, M.D., BOSTON.

MORE than twenty-five years ago, some of us heard Professor Isaac M. Ward, say: "Gentlemen, post up on fits; for," said he, "there is nothing that produces so much excitement, so much anxiety, so much fright as a child in convulsions, and if you can relieve the patient, you at once secure a warm place in their affections, and probably receive their support." Heeding that advice has been the cause of a little happiness in this world, and placed a few dollars in my pockets. When called to see a child in convulsions, objective symptoms are many times the only ones to be obtained. If called to see a child in convulsions, and I learn the child has eaten cherries, and a little later milk, cream toast or something of the kind, and soon after convulsions followed, I should lose no time, but administer an emetic without stopping to consult objective or subjective symptoms. You may say that is not homœopathic. I grant that. I consider it simply a little common sense applied to surgery, as much as removing a splinter from a finger, or a cinder from an eye. I once worked four hours over a child about two years old, giving remedies, administering ether, applying hot baths with cold to the head, before the convulsions ceased, and it was unconscious for fifteen hours. I was positively assured it had taken nothing which caused the attack. After the child was relieved, and the excitement subdued, I learned that the nurse gave it its usual milk dinner; the mother gave it beefsteak, and the father gave it lemonade; each unconscious that anything else had been given. At the present time we do not have to study the symptoms as closely as formerly, since we have that wonderful antispasmodic or spasmodic remedy, *Nitrite of Amyl.* That administered in the first or second dilution has a wonderful affect on convul-

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sions, and I believe it to be homœopathic. If you will inhale the crude article for a few seconds, you will feel as though something serious would follow, and I am very confident it would produce spasms. For the objective symptoms in convulsions, there are but a few remedies we need study generally. If we find the head hot, face puffed, an anxious expression of the countenance, with the thumbs clenched upon the palms of the hands, we should give *Æthusa.* If the face is red, or pale, the pulse quick, pupils dilated, and the patient stupid, *Belladonna* would be the remedy first thought of; but if we find similar symptoms with pupil less dilated, or contracted, and the patient seems exhausted rather than stupid, we should give *Glonoine.* If you will take a dose or two yourself, you will not give it lower than the third or sixth. Dr. Hering said: "Take a man and let him run once around a block, and his pulse and respiration will be much increased, and it will take a certain number of minutes for them to resume their normal condition; but give him a dose of *Glonoine,* and they return to their normal condition in one half of the former time." He therefore claimed that as a leading symptom for *Glonoine.* If the patients has a dark-red face with inability to speak or swallow, yet conscious, give *Gelsemium.* Twenty years ago I had a patient, a feeble young lady, very sick with typhoid fever. She recovered and enjoyed better health than ever before. She went to Saratoga on a pleasure trip, and stopped with a doctor who had formerly treated her. One day she took a long walk, and feeling tired and nervous, asked the doctor to give her something. He told her he would give her a dose of *Geranium.* A dose of medicine was given, and soon unfavorable symptoms appeared. She was unable to speak or swallow, though conscious, and with a pencil, wrote her farewell to her friends, and died. She had taken a teaspoonful of *Gelsemium Tincture.* I have quite a number of times verified the symptoms of inability to swallow. If we are called to see a child that cries badly, what shall we do, as objective symptoms are the only ones we usually get? What does the child do? If it simply cries and worries, and

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is not half starved to death (which too often occurs), we look for inflamed gums. If it cries hard, and draws its knees towards its abdomen, we surmise colic, and think of *Colocynth.* If other symptoms indicate colic, and it straightens out its limbs, we think of *Dioscorea*; but it rarely straightens out its limbs in colic, but it is a pretty sure indicator of urinary trouble. In that case we think of *Cantharis.* If satisfied there is no colic nor urinary trouble, what shall we look for? Generally earache. If it is earache, the child will generally raise its hand to its head or ear, perhaps to its eyes or face, and it is apt to be worse lying down, either upon one side or the other. Here, too, we have indicated remedies that will act beneficially; but in my experience, not as well as in the other disease spoken of. If I had such a patient, and did not succeed in relieving it, and did not know what better to do, I should warm some fluid extract of English *Valerian,* and drop into the ear, and plug it with cotton, and expect that, with my other remedy, to give speedy relief. If anyone should say that is not homœopathic, I could only say I am not certain: the remedy has not been fully proven; but it has produced jerkings in the ears, and that is near enough to earache for all practical purposes. Another important symptom in connection with crying is, Does the child shed tears? If the patient has been long sick, and with the crying there are tears, we can pretty safely say, the child will recover; but if there are no tears, we have good reason to entertain doubts as to its recovery. If, at the commencement of a case of diphtheria, the child cries much whether it sheds tears or not, if you care much for your reputation, do not promise too much, for there is trouble ahead, and your patient will probably die. I will speak of only one other symptom; and that is yawning. This is an important symptom, sometimes indicating brain disturbance; at others, gastric troubles; but the character of the yawn has much to do with its significance. If, at any time, and especially after a long or serious sickness, the patient occasionally yawns, and there seems to be enjoyment accompanying it,—a sort of happy abandonment,—we may prognose

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a favorable termination of the disease; but if they occur often, and especially when there are other serious symptoms, and the yawn seems to be unfinished,— cut suddenly short,— we may rest assured the probabilities are the patient will die.

VIII.

CONGENITAL CATARACT.

F. A. WARNER, M. D., LOWELL.

I BELIEVE that I am safe in saying that the Physiological School have never claimed that any changes in the lens, as seen in a cataract, could be removed, so as to restore the lens to its legitimate function. This school of medicine still regard Cataract as incurable, and "amenable to operative Surgery only." On the contrary Homœopathy does claim that the chemical changes in the lens in the form of a Cataract may be cured.

Drug provings show that the following substances produce opacity of the lens and its capsule, or, at least, dimness of vision from cloudiness of these media of the eyes, viz., *Ammon. Mur., Calc. Carb., Kali Causticum, Magnesia Carb., Phosphorus, Sulphur, Nitric Acid, Natrum Mur., Carbonicum and Sulphuricum, Kali Carbon, Silicea, Cannabis, Conium, Belladonna, Euphrasia, Pulsatilla, Opium,* and of these cures of Cataract have been effected by *Cannabis, Kali Causticum, Conium, Euphrasia, Belladonna, Opium, Calc. Carb., Magnesia Carb., Silicea, Sulphur, Ammon. Mur., Nitric Acid, and Pulsatilla.*

Now, if we have a Cataract to cure in a constitution which, in its form, resembles the proving of *Calc. Carb.*, we could not well be in doubt as regards the indication of the drug and govern ourselves accordingly.

Considering, then, the relations of that school of medicine which teaches that therapeutics is not a science and that Cataract is incurable, and the school of medicine which

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teaches that Homœopathy is the science of therapeutics and that Cataract is curable, I venture to report the following case of *Congenital Cataract:*

Walter D——, soon after birth, gave evidence by his strange movements that he could not see.

A careful examination showed that there was marked opacity of the lens in both eyes. The child was seemingly healthy and well-formed, weighing eleven pounds at birth, and its mother convalesced in a most satisfactory manner from her confinement, with an abundant flow of milk. There had been no disturbance in the child's system to account for the faulty vision, and I had no doubt that it had existed from birth. It did not occur to me at that time I could do anything for the child. Indeed, at that time, it would have been difficult to have found any symptoms to guide in selecting a remedy that could have been prescribed with any degree of confidence as to its results.

The advice of a physician, who was well versed in diseases of the eye, was sought. His diagnosis being *Congenital Cataract*, he advised the parents to take the child to the Eye and Ear Infirmary in Boston. The diagnosis already made was confirmed, and the parents were told to return in a few months, no operation being made. When the child was about 10 months old, subacute inflammation of the submaxillary glands took place, for which I prescribed at my office. A few days afterward visited my patient at his home and found the submaxillary glands of right side much enlarged. The symptoms corresponded so well with *Calcarea Carbonica* that I gave it with much confidence. At that time there seemed to be no change in lens of either eye, and his mother mourned over his blindness, as well as his present illness. Just as I was about to leave the room, it flashed across my mind what Grauvogl had written in his text book of Homœopathy about Cataract, and the case in which he had blunderingly, but with some success, prescribed *Calc. Carb.* I at once said to the mother, "Do not be surprised if your child should see after his recovery from this sickness." The indications for the drug given were so strong, that I felt that I was jus-

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tified in encouraging the mother to hope for such an event. The patient improved as to the glandular enlargement; and in 10 days after, the opacity of the left eye changed from a uniform appearance to a streaked, spotted condition. In 8 days more it cleared up still more, and the mother found that the child could see; in fine, could recognize her from one room to another. This improvement continued,—the change in the right eye being slight, and not enough to enable the child to see anything with that eye. During the last three years I have seen the child occasionally, and every few months as there were still *Calc. c.* symptoms, have given a dose, usually the 200th, but lately the 30th again. At the present writing, the lens in the left eye is perfectly clear, and that of the right has cleared up enough to permit some vision; for instance, he can tell an orange, or a case knife, or a piece of bread and other small objects.

A few days since I prescribed for an attack of diarrhœa and was led to use the same remedy, and hope before many weeks to find still more clearing up of the opacity. So much for a *law* of *nature*,—the *law* of *similarity*,—"a *rock*," from whence flow thousands of healing springs.

IX.

SOME OBSERVATIONS OF A RECENT EPIDEMIC OF CATARRHAL PNEUMONIA IN CHILDREN.

D. B. WHITTIER, M.D.

DURING the past winter and present spring there have been manifestations of lobular pneumonia, showing marked differences in the characteristics of this disease, as presented by many authors.

Cause.—This is represented by various writers to be chiefly a mechanical one, a stasis in the pulmonary tissue. Whether this stagnation is a primary condition in this disease, or an evidence of some other morbid state, is not

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conclusively shown, nor is it the design now to determine. The writers of the books I have read, present the latter statement as likely to be the true one. But the opportunities for observing this phenomena by physicians are too infrequent to discover the primary evidence of it, as they are not usually called until the physical signs of inflammation are pronounced, and can be well defined by them. Non-professional observation can have little weight in determining this condition, as the evidences by which they judge of disease are wholly subjective. During the seasons named, the atmospherical changes have been frequent, sudden, and often of great thermometrical extremes. These changes have been the undoubted cause of this disease, since its prevalence has been most common and severe during these stormy periods. It may be reasonably deduced and proven, I think, that if the stasis in the lung alluded to, does exist, it is due to the changes named, that occur prior and during the epidemic; and, therefore, a primary factor in this disease.

Location. — Authors again claim that the right lung is almost always the seat of this disease. This epidemic has shown that the *left* lung has commonly been the one affected.

Physical Signs. — Subcrepitant râles not infrequently intermingled with crepitant or mucous râles. These have been usually limited to portions of the lung, but sometimes were confluent.

Symptoms. — Fever raging from mild to intense with afternoon exacerbation extending into the night. Perspiration affords only partial relief. Respiration accelerated from twenty to thirty per minute beyond natural. Cough frequent, teasing, and often persistent, — worse on lying down, — sometimes paroxysmal, and impressing the parents that the disease is Whooping Cough. Intermittent circumscribed red and hot cheeks. Palms of hands hot or moist. Thirst for frequent and small draughts of water, tongue coated, appetite changeable or absent.

Treatment. — *Veratrum Viride* 1*st.*, during the period of congestion, or active inflammation, has allayed fever, amelio-

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rated the fatiguing cough, induced gentle perspiration, moderate expectoration, and so much ease in all the symptoms, that were the physical signs to be disregarded, the physician would be likely to regard the case as a slight ailment. This remedy, by a gradual reduction of strength as convalescence progresses, frequently, was all that was required to effect a cure.

When the *Veratrum* became ineffectual, and soreness in the lung tissue and muscles of the chest supervened, with starting of perspiration, on coughing or exercise, *Bryonia* was beneficial. When the cough remained persistent, and the disease threatened to extend beyond the usual limit of an acute condition, *Phos.* 12x was sufficient, or *Sanguinaria* 6x.

If the paroxysms of coughing become so severe as to simulate Whooping Cough, *Circium Arv. tinct., Canada Thistle*, one to three drop doses, puts an end to this feature of the cases.

X.

WHOOPING COUGH.

M. P. WHEELER, M.D., BOSTON.

I DO not propose to speak of the etiology or diagnosis of this malady, but give you a few clinical cases.

H —— age three years, — began to whoop about a week before I was called. I found him coughing violently. The paroxysms were frequent with hemorrhage from the mouth and nose, vomiting of food, hoarseness and aggravation in the morning. Gave *Drosera* 3x in water, a dose every three hours for twenty-four hours. The following day the hemorrhage ceased, and with the same remedy twice repeated the patient was cured in three weeks.

G ——. When this child was born, other members of the family had the Whooping-Cough, and he began to cough at the age of three weeks. He would cry, and then have a

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coughing spell, in which his face would become very red. I gave him *Bell.* One day an older brother came into my office, saying that the child was black in the face, and that it did not breathe. *Dros.* 3x cured.

C——. Seven weeks old. Had a cough for which I gave various remedies. When the Whooping-Cough was fully established, the child would have violent coughing spells, becoming black in the face, and frequently vomiting slimy mucus. The patient would be exhausted by these attacks, lost her appetite, and was losing weight. Gave *Cup. met.* 6. One evening the nurse came to me, saying that the child was dead. I went to the house, and found that it had been having a more severe paroxysm than usual, and did not appear to breathe for several minutes. I gave *Corral. rub.* 200 which cured, improvement commencing at once.

I have had several cases this winter of a cough that resembled Whooping-Cough without the whoop. The children were generally taken with a croupy cough. The following day they would have the severe and frequent paroxysms, that are so characteristic of Whooping-Cough accompanied with redness of the face, vomiting and diarrhœa. I found *Bell.* to give most speedy relief in this cough, which appears to be an influenza.

XI.

TEETHING DIARRHŒA.

MARTHA J. FLANDERS, M.D., LYNN.

DIARRHŒA induced by dentition may be either acute or chronic.

If the development of the teeth causes little constitutional disturbance, it is only when a tooth erupts that Diarrhœa is present, and continues for a brief period of a few days.

If, however, the teething is premature, if many teeth press forward at once, producing great nervous excitement by the

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pain, itching, and irritation, consequent on their growth, the digestion will be disturbed, and most probably followed by a Diarrhœa for an indefinite period.

It may also become chronic when the teeth are very tardy in development, owing to a deficiency of the necessary elements of growth in the system, and the organs of digestion are weakened from the requirements of the process of dentition.

Neither is it limited by age nor confined to the first period of dentition.

During the growth of the permanent teeth, Diarrhœa is not uncommon, and it frequently occurs with the eruption of the wisdom teeth.

Dentition, then, is to be regarded as the predisposing, and indigestion, the exciting cause, of infantile Diarrhœa. When the gums are distended by the coming teeth, the salivary glands are engorged, the secretion of saliva is excessive, producing an acidity of the stomach, that leads to indigestion. Irritation of the mucous membrane quickly follows, and a morbid habit is rapidly established.

The food is carried downwards in this crude state, into the intestines, irritating their lining membrane by its passage through them, and a Diarrhœa is thus set up.

All this may occur independent of dentition, for it may be produced by errors in diet, improper clothing, and changes in temperature; and it is only claimed that teething is, in the majority of cases, the predisposing cause.

Selection of diet, suitable clothing, and due attention to surroundings will be considered as factors of the disease.

Milk will often prove a failure, especially in cities and towns in warm weather, owing to the changes it undergoes before taken by the child. Besides, the milk is often impure, not from adulteration alone, but from causes little understood by dairymen.

It has recently been demonstrated that the most startling consequences may ensue from animals drinking stagnant water. Professor Law, of Cornell University, has examined with a microscope, milk of an unusual ropy appearance, and

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found it full of those fungi, or vegetable organisms, that abound in stagnant water. On inquiry, he found that cows from which it came, had only stagnant water to drink; and further investigation revealed the fact that the blood of the animals teemed with these fungi, and the cows were in a feverish and unhealthy condition.

Fortunate would be the strong man or robust child who should escape typhoid with such a diet; but where would be the hope for an infant, in its especially susceptible state, during the teething period?

The many preparations of infants' food are open to the same objections, as most of them are prepared with milk, or unfit for young infants on account of their farinaceous qualities. Liebig's Food will more frequently agree after seven months; Whey, if a Diarrhœa is established, if assured of the purity of the milk, should be given till the healthy tone of the bowels is resumed.

If the babe is deprived of the breast at an earlier period, Horlick's Food and Whey have been of special service.

Changes in temperature, can only be met by care in exposure and clothing, both by day and by night. The child of twelve months, when the first anterior molars are pressing forward, and the canines are in their formative stage, is more susceptible to climatic influences than in the first months of its existence. If the abdomen is unprotected by flannel, the slight Diarrhœa of to-day, will become the alarming disease of to-morrow.

Impure water taken in the quantities necessary for the preparation of the food, is often overlooked as the cause of Diarrhœa. The child suffering from the pains of dentition, weakened by the growth of the teeth, cannot resist the effects of the contamination, and too often the little one sickens and dies.

The traditions of homœopathy are all in favor of the most scrupulous care of diet and regimen, and have put to blush the dogmas of the dominant school, so regardless, in the past, of pure water, air, and proper food.

Its practitioners, however, have not been slow to learn; and,

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though they scoffed at her reforms and derided her methods, they may yet outstrip those who led the way to a better understanding of sanitary science.

Neglecting none of these adjuncts, when a Diarrhœa occurs, let the diagnosis be carefully made. If it appears during the period of first dentition, or later in the second period of childhood, that condition should be carefully considered; the gums rigidly examined, and the character of the stools, fully understood. One of the characteristic peculiarities, is light clay-colored discharges, varying at times with watery stools or mucus mixed with blood, re-appearing again and again till the teeth erupt, unless the proper therapeutic treatment is followed with the greatest care. In such a Diarrhœa, if the gums are congested, and of a dark purplish color, accompanied by fever and great irritation of the nervous system, the diagnosis is easily made.

The great fundamental principle, that underlies all treatment, is not applicable here. "Remove the cause" when the agonies of Odontalgia reveal a tooth gone to decay, is so easy, even if it be so hard; but when the offending member is still undeveloped, it cannot be plucked out even if it offend you.

Approximating as nearly as possible to its removal, the lancet does lay bare the coverings of the crown, and a free incision not only relieves the fever, pain and sleeplessness, but the sequence of these,— Indigestion and Diarrhœa. If the membranes covering the swollen gums are white, tense and shining, with profuse and frequent dejections and great exhaustion, the lancet serves, as before, in mitigating the severity of the case. Mitigated, indeed, but the little patient will still suffer until the growth of the teeth is completed to the last molar.

In all the successive stages, the *Calcarea* from 1st *trit.* to the 200th *dil.* will combat the tendency to indigestion, warding off the necessity for any treatment of fever and exhaustion which so often are concomitants of the Diarrhœa of childhood.

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XII.

MARASMUS—(INFANTILE).

E. P. SCALES, M. D., NEWTON.

THIS is not a very common disease, but I have had a number of cases varying in age from a few months to nearly three years. It is sometimes a consequent of Whooping-Cough, as was my first case, over twenty years ago, in a girl of two and a half years. It is sometimes a result of long-continued Diarrhœa, and some children are born with a tendency to atrophy, as children perish before birth, from congenital lesion of nutrition. It is often not recognized in season, but is almost always in children that are artificially reared. It is not confined to any country or climate, any more than scrofula or cancer, and numbers, perhaps, as many victims, and is always a serious disease. It is *tubercular degeneration* of the *mesenteric glands*, thereby impairing the nutritive functions, and is *generally fatal* according to all authorities, ranking third in this respect (with Phthisis first and Hydrocephalus second) among tubercular affections. According to statistics, boys are victims of this disease oftener than girls, but that is not my experience. It may be a result of unhealthy or unsuitable food, or from inability to assimilate from some inherent, hereditary disease, or dyscrasia, such as Scrofula, Syphilis, Tuberculosis, etc.

It commences generally with vomiting or Diarrhœa, or both, the aggravation occurring soon after taking food, the milk being vomited unchanged or curdled, or passed undigested from the bowels. The stools sometimes light colored and watery, sometimes dark or even black, almost always offensive. The child is restless, peevish, fretful, crying, craving food always, only to be worse for being indulged by its fond mother or nurse, thereby increasing the trouble, and the child becomes thinner and thinner, wasting away till relieved by treatment or death. It is sometimes

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caused by the irritation of the digestive organs incident to dentition, the stomach having become weakened by the loss of sleep, and nervous exhaustion accompanying painful dentition. Tuberculous matter is deposited in the mesenteric glands, thereby obstructing the flow of chyle, and rendering these glands useless, and causing a necessary loss of nutrition. In advanced cases, the enlarged and indurated glands can be felt through the abdominal walls. The stools and also the breath and perspiration are frequently acid, appetite becomes fickle, and there is great thirst. The abdomen is swollen and hard with *emaciation;* the skin becomes shrivelled like parchment; there is slow, continued, or remittent fever, aggravated towards evening, with flushed cheeks, hot, dry skin, restlessness and debility. There is great danger of overfeeding in this disease. Food should not be given oftener than three hours, and then moderately, as the *stomach must have rest,* and the selection of the food in each case requires much skill and knowledge. Next to mother's milk, I have found cow's milk, *fresh* (perhaps diluted a little with water), adding sugar, and *always a little salt,* oftener beneficial; sometimes beef steak juice. Lime water I do not recommend, nor stimulants. But the child must be warmly clad with flannel, especially over the bowels, must have *plenty of fresh air,* and be kept mentally quiet, bathed every day in the sunshine, if possible, and *not with cold water.*

There are many remedies from *Æthusa* to *Sulphur,* from which the selection should be made according to the manifestation of the disease. See Jahr and Gurnsey. The cases I have had have received the most benefit from *Ars.*, *Bell.*, *Calc. c.*, *Lyc.*, *Phos.*, *Pod.*, and *Sulph.*

Case.—I was called January 28th, 1882, and found C. E., about a year old had arrived from Michigan, where she went to visit her grandmother, and that she had commenced to run down within a few days after she got there. Dec. 17th, very severe and general emaciation had taken place. The skin was yellow white, like parchment, hanging on the limbs like a loose sleeve, no appetite, rejecting all food, taking only a little water occasionally (except taking on going to

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bed at night about a gill of milk from her bottle) and having one or two copious, watery discharges (about two quarts), each day, sleeping only a few minutes at a time, tongue, mouth, and fauces a dull, red color, feet and hands bloated some, and she was moaning most of the time.

I gave her a dose of *Ars.* 6th and left *Calc. carb.* 6th to be given once in three hours. I gave a hopeful prognosis, as I had seen other cases recover. During the first week, I gave a few doses of *Carbo. veg.* and some *China*, but chiefly *Calc. carb.* The second week I gave *Arsen.* 6th once in three hours with a dose of the *Calc. carb.* night and morning, and the improvement was but slight. Then I ordered (third week) to give her (by force if necessary) two or three spoonfuls at a time of milk, or Mellen's food, and continued the *Ars.* changing the 6th for the 30th once in two or three days, and improvement was manifest, for she became hungry, her stools became natural, her mouth and tongue resumed their normal condition, and she slept twelve hours without waking the night ending the third week of treatment (Feb. 18.) I continued the *Ars.* 6th, as I did not get a satisfactory effect from the 30th, and gave an occasional dose of *Calc. carb.* 6th. March 8, her mother brought to me in great haste and trepidation a part of a discharge she had just had, consisting of a greenish, watery discharge, containing a number of greenish white substances with red filaments and being lengthwise about as large as a horticultural bean, which, upon examination with the glass, seemed to be animal parasites of some kind, devoid of life for some time, and decomposition took place rapidly as they became soft — though they were hard when the evacuation took place. There was no recurrence of that character of the discharges and improvement continued. The patient was discharged at the end of the sixth week.

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XIII.

INTRA-MURAL UTERINE FIBROIDS TREATED WITH ROBINIA PSEUDACACIA.

BY W. E. RICHARDS, M. D.

On the 23rd of August, 1876, was called to visit Mrs. D., a lady about forty-six years of age, with blue eyes, light brown hair, rather inclined to embonpoint. There was a decided abdominal distension, with a sinking, all-gone sensation at the pit of the stomach, with eructation tasting of the ingesta, and great sensitiveness to pressure over the region of the stomach and bowels. There was swelling of the breasts, and itching of the nipples. Perspiration in the axillæ, burning in palms, and soles of the feet, with swelling of right leg and foot. Itching with vesicular eruptions on the fingers in the morning, with pain in the loins and flushes of heat.

Menstrual flow irregular with bright red blood. The sleep is restless with horrible dreams. She awakens every morning between one and two o'clock. She has aggravations from standing, walking and lying down; also from the south winds and in the morning. Amelioration from sitting up with the limbs hanging down.

As she passed through the climacteric stage, the menstrual discharges were more and more irregular, and very profuse. She has been subject to a thick, yellow Leucorrhœa during the intervals of the menstrual *nisus*. During the spring of 1877, an asthmatic cough was developed, which became at times very distressing, and was aggravated by dust, feathers, new mown hay, odors, and especially the perfume of flowers. She suffered at night with cramps in the calves and a teasing pain in the rectum, which would cause her to spring to her feet for relief. I now made an examination and found an obstruction to the introduction of the sound. At this juncture I called in the services of Dr.

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J. H. Woodbury, who, after a careful examination, diagnosed the case as one of Intra-Uterine Fibroid, with doubtful recovery. At this stage of the disease, a sharp, tearing pain began to manifest itself about midway of the sternum, and an inch and a half at the right; this was always a forerunner of an asthmatic paroxysm, also tearing, boring and stabbing pains in the region of the uterus.

In 1878, I carried the patient through a Rheumatic Fever, which reduced the strength and courage of the patient to that extent, that she had almost determined to give up the battle for life.

In the summer of 1879, I determined to try an experiment. I suggested to the patient the trial of air baths. She objected on the ground that she should smother: she knew she could not breathe in the bath; but the husband overcame the objection by first taking a bath, which she followed with excellent results. She continued to take them, at first every other day, then twice per week, for some eight or ten weeks, and began with twelve pounds of atmospheric pressure, and gradually reduced it to nine pounds. Before entering the bath, I measured the patient, the abdomen about an inch below the umbilicus making fifty inches. At the close of the term mentioned, I found it reduced to forty-six inches. The Asthma and pain had nearly disappeared. She was now desirous of visiting a sister in a neighboring State, which I permitted her to do. On her return after nearly three months from home, I found that she had relapsed, and received little treatment for several months.

On July 17, 1880, her husband brought her to my office. She was attacked on the road with the worst paroxysm that she ever experienced. She informed me that the cause was a very strong perfume of flowers which she met on driving through Worcester Street to my office.

I found by investigation, a locust tree in bloom and the only flowers to be seen. During the fall and winter of 1880, it occurred to me that the drug might prove useful in her case. I visited the shops in the city but failed to find the object of my search. I then wrote to Bœricke and Tafel

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and was informed that they had never kept the drug. In the spring of 1881, I wrote again, requesting them to procure for me the two hundredth if possible; after some two or three weeks I received a drachm phial of the thirtieth dilution.

I medicated some pellets, and called on the patient and informed her that I had a remedy for her and wished her to try it. She took some in my presence which produced a prompt and decided aggravation. She used it about two months, and then informed me that it had ceased to benefit her. I then ordered the Dmm from Dr. Swan and furnished her with some, which has completed the work that the thirtieth began, with the exception of the atony of the abdominal walls, caused by the great distention of several years, and the Leucorrhœa which still remains.

The principal remedies used, were *Bell.*, *Calc. carb.*, *Sep.* and *Robinia.*

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PUBLICATIONS

OF THE

MASSACHUSETTS

HOMŒOPATHIC MEDICAL SOCIETY.

1882.

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W. L. JACKSON, M.D. . . . . BOSTON.
J. W. CLAPP, M.D. . . . . BOSTON.

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PROCEEDINGS

OF THE

SEMI-ANNUAL MEETING.

OCTOBER 11, 1882.

THE semi-annual meeting of the Society was held in Union Hall, Boylston Street, Boston, Wednesday, October 11, 1882.

MORNING SESSION

Called to order at 10.30 A. M., by the President, A. M. CUSHING, M. D., Boston. Records of the Annual Meeting, and those of the meetings of the Executive Committee were read by the Secretary and approved.

On motion of Dr. N. R. Morse, the Secretary was instructed to cast a ballot for the following candidates for membership, approved by the Censors and recommended by the Executive Committee:—

GEO. D. BLISS, M. D., Field's Corner; LYDIA R. CLEMENTS, M.D., Brookline; N. W. EMERSON, M. D., Dorchester; JOSEPH F. LINDSEY, M.D., Boston; E. H. PACKER, M. D.; Lowell; FRED. B. PERCY, M. D., Brookline; JOHN J. SHAW, M.D., Plymouth; ESTHER W. TAYLOR, M.D., Boston; MARY E. WEBB, M.D., Dover, N. H.

O. G. Ross, M. D., of Revere, was appointed a delegate to the Vermont Homœopathic Medical Society.

The President then made a few remarks, calling

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attention of the Society to several important matters, as follows:—

FELLOW MEMBERS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY:—Again we have met to revive old acquaintances or to make new ones, and to exchange opinions as to the best methods of curing the sick. So far as I have been able to learn, we have returned with unbroken ranks, for which we ought to be thankful. You will neither expect, nor wish me to occupy much of your time to-day, and in this you will not be disappointed. Many past events lead me to make a few suggestions for your consideration. As there seems to be at present such a doubtful feeling as to the results of vaccination, whether beneficial or injurious, and perhaps a just one as to the purity of the virus used; and as such a large proportion of the virus used comes from within the limits of this Society, would it not be well to appoint a committee on Vaccination, whose duty it shall be to look after the interests of the community in this direction. If the venders of virus could receive the sanction of such a committee, it would not only enhance their sales, but relieve the community of much anxiety in regard to the purity of the virus used. The American Institute of Homœopathy as well as some other Societies, has thought it best to look after our educational interests, and we do not wish to be the last in such work. Therefore, you may consider it best to appoint a committee on Education. In many of the years past we have considered a committee on Legislation necessary, and knowing the possibility of a medico-legal trap being set for us at any time, is it not as necessary that one be appointed now as then? As death caused by the so-called toy pistol has come to us so frequently of late, every possible means to prevent its sale, such as fines and imprisonment, should be used. Many years' experience with wounds, as well as other good reasons lead me to believe it cannot be the simple wound that so often causes tetanus, but a metallic compound formed by burning powder in a copper shell, and introduced into the system produces symptoms

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so well known to every one acquainted with the pathogenetic effects of copper; still the sale of this toy should be suppressed just the same. A law to regulate the practice of medicine has been brought before the legislators of this State and rejected. That is a subject worthy our consideration. If a law were passed which made no restrictions as to who may practice medicine, but made it obligatory for every one of whatever school or method to state, under oath, subject to fines and penalties for any neglect or misrepresentations, when and where he studied medicine, when and where he attended lectures, when and where he graduated, when and where he had practiced medicine, such a certificate to be plainly exhibited in the office of the practitioner, it would do much to enlighten the public as to who are qualified physicians, and tend to promote honesty among practitioners. Such a law might show to the world that some who have pretended to be well and regularly educated physicians have been falsifying their positions and trifling with the lives of our friends. It will not bring back from their graves our loved ones sent there by their ignorant and unskilful treatment, but it may have a tendency to prevent such calamities in the future. I am aware we have a committee to secure for our insane patients the benefits of homœopathic treatment. A committee on legislation could, if necessary, assist that body, and be prepared for any emergencies that might arise. We have a college and hospital, and it is evident they are not receiving the support they ought. Their existence is largely due to the labors of this Society, but it has nothing to say as to what shall be done in either of those institutions, the control being entirely out of its hands, and nearly out of the hands of the profession. On this account physicians have become uninterested and negligent. If we have the care of an insane asylum may we hope some different method may be adopted. As electricity and galvanism are known to be such potent remedies, and we know so little in regard to them, I would suggest the idea of establishing a Bureau of Electro-Therapeutics, even if it were done at the expense of some other bureau. Knowing

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your judgment will dictate what is right, I leave the business of the Society in your hands.

On motion of Dr. E. P. SCALES, the Society resolved itself into a Committee of the whole to consider the suggestions made by the President.

As a result of these deliberations, the following Committees were appointed:—

Vaccination: I. T. TALBOT, M.D., Boston; C. H. WALKER, M.D., Chelsea; J. T. HARRIS, M.D., Boston; A. J. FRENCH, M.D., Lawrence; E. U. JONES, M.D., Taunton.

Education: N. R. MORSE, M.D., Salem; DAVID THAYER, M.D., Boston; E. P. SCALES, M.D., Newton.

Legislation: C. H. FARNSWORTH, M.D., East Cambridge; H. L. CHASE, M.D., Cambridgeport; O. S. SANDERS, M.D., Boston.

Dr. MORSE moved that a special committee be appointed to try and bring about better accord between the Society and the authorities of the Boston University School of Medicine. On the suggestion of Dr. SCALES, this matter was referred to the Committee on Education.

Dr. MORSE moved that the subject of Electro-Therapeutics be incorporated with Pharmacy, and that the committee be styled the Committee on Pharmacy and Electro-Therapeutics. Dr. H. A. CHASE, Recording Secretary, moved as an amendment, that a separate committee be established.

Amendment carried.

REPORT OF COMMITTEE ON SURGERY.

Antiseptics. HORACE PACKARD, M.D., Boston. (XIV.)

Rupture of Urethra, (Clinical Case). A. H. CARVILL, M. D., Somerville. (XV).

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Prolapsus Uteri. W. L. Jackson, M.D., Boston. (XVI.)

Modern Lithotrity. A. Boothby, M.D., Boston. (XVII.)

Ovariotomy. I. T. Talbot, M.D., Boston. (XVIII.)

Discussion:—

As to the antiseptic method of treating wounds: Dr. Boothby thinks that *pure* atmospheric air is not deleterious, but that the danger comes from *vitiated* air, such as one so often finds in hospitals. Thinks careless dressing worse than leaving a wound open.

Dr. Sanders recommends application of Balm of Gilead.

Dr. N. R. Morse thinks that different localities have different effects on wounds when exposed.

Dr. Flanders remarked that wounds in lower animals do well when exposed.

Dr. J. H. Sherman has seen wounds do better after dressings have been removed; thinks highly of cold water as a dressing.

Dr. Packard said that healing by first intention is not possible in the open treatment, and thinks that a broader view should be taken than the consideration of various nostrums as promoters of healing.

Dr. Talbot is in favor of the Carbolic spray, not that it kills germs, but that it prevents them. Perfect cleanliness in all surroundings must be had if possible. This is especially important in ovariotomy; the stump must be as small as possible.

(The tumor removed by Dr. Talbot was exhibited).

Dr. Bennett asked if there is any danger in complete anæsthesia during operations about the genito-anal region, or in evulsion of the toe-nail. Dr. Boothby had never seen any danger, nor had Dr. Foss.

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DELEGATES.

A. H. ALLEN, M.D., New London, Conn., was present as a delegate from the Connecticut Society.

Dr. H. C. CLAPP called attention to the Society's Photograph Album, which on motion of Dr. SCALES was placed in the hands of the Librarian.

At 1 P. M. the Society adjourned for lunch.

AFTERNOON SESSION.

Called to order at 2.15 P. M.

REPORT OF COMMITTEE ON GYNÆCOLOGY.

Ovaritis. L. A. PHILLIPS, M.D., Boston. (XIX).

Dr. PHILLIPS reported a case of Ovariotomy performed by Dr. J. H. CARMICHAEL on Sept. 27. Patient was 72 years old, the cyst was multilocular and weighed thirty pounds. The wound has healed and the patient is now in good condition.

Dr. Ross, of Revere, reported a case of Procidentia Uteri of eight years' standing. The woman became pregnant and the question arose, whether it was best to produce abortion. He decided to let matters go on. At the end of the fourth month, the womb returned to its proper place. The woman was delivered at term and has had no Procidentia since.

REPORT OF COMMITTEE ON ZYMOTIC DISEASES.

Paper by E. B. DE GERSDORFF, M.D., Boston. (XX.)

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Discussion: —

Dr. JONES, Taunton, is not an advocate of the germ-theory of disease. He thinks it is not possible to distinguish different germs, and say this will produce typhoid, and this diphtheria. Diseases are produced by changes in the patient's own body.

Dr. LOUGEE, Lawrence, says the idea has been advanced that the *product* of bacteria was the cause of disease and not the bacteria themselves.

Report of Committee on Materia Medica.

Rules for Proving, C. L. NICHOLS, M.D., Worcester. (XXI).

Adjourned at 4.30 P. M.

Attest: HERBERT A. CHASE,
Recording Secretary.

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XIV.

THE ANTISEPTIC WOUND TREATMENT.

HORACE PACKARD, M.D., BOSTON.

WITHOUT question, the greatest advance of modern surgery is the antiseptic wound treatment.

A casual glance over the history of surgery during the last century, is sufficient to convince the most skeptical that asepsis is not a creature of the imagination; is not a craze, destined to sweep over the field of surgery and die a premature death; but, that though the method of securing immunity from septic poison may be modified from time to time, through new discoveries and scientific researches, yet the demand for antiseptic precautions, not only in the treatment of surgical wounds, but in all departments of medicine, in the arrangement of hospitals, lying-in asylums and dwelling houses is absolute and undeniable. The term is used here in its broadest sense, and the claim made, that performing an operation in a clean, wholesome, well-ventilated room, is as important a factor in the antiseptic course of a wound as any form of dressing or subsequent treatment.

For the sake of comparison, and to bring before your minds more vividly, not only the utter disregard for all hygienic or antiseptic measures, but also the cruel treatment inflicted upon the poor unfortunates who came under the surgeon's knife, in the early days of surgery, I will recall enough to serve as contrast. As late as the early part of the last century, the best hospitals the Old World could boast were in Paris. Low in the walls, poorly lighted, entirely devoid of ventilation, the over-crowded patients who survived this smothering process did so from sheer tenacity of life. The operating and dead rooms were in close proximity. The patients, burning up with septic fever, were buried in bed, and dared not put hand or foot from under the blankets, while

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the vitiated and over-heated atmosphere wafted the sufferer on to a state in which death became a matter of indifference.

To supplement this general treatment, at each change of dressing, the wound was faithfully bored out with the probe, in every nook and corner, smeared over with honey, oil of turpentine, or a poultice of roots and herbs steeped in milk or water. To this was added the strictest antiphlogistic measures, such as bleeding, emetics, purgatives and the worst potions and enemas. A German author aptly puts it: "Not the wound but the wounded was the object of attention." The routine boiling oil treatment of war practice was like pouring molten lead into the already tender and painful gunshot wounds and sabre cuts.

The results of such treatment as this were such only as could naturally follow. Healing by first intention was an unknown thing, and patients who survived a capital operation did so in spite of the depletory measures and the long process of suppuration and granulation. Compare the picture now before you with the surgical exploits of to-day. Recall the impunity with which operations are performed on regions of the body where previously the surgeon dared not trespass. Think of an ovariotomy fully recovered in ten days from the date of operation without the formation of one drop of pus, and without a single change of dressing.

That the antiseptic method of wound treatment has heightened the walls of our hospitals and introduced better ventilation we cannot claim; but the same theory on which the antiseptic treatment is based has led to a closer observation of hygienic measures and antiseptic precautions. I refer to the germ theory, the conception of which preceded and prepared the way for the theory of asepsis. That a wide diversity of opinion exists regarding the truth of the Germ Theory, and consequently a corresponding uncertainty still prevails in relation to the efficacy of any antiseptic measures, is a fact well known. It is not in the province of this paper to discuss the truth or falsity of the Germ Theory; neither does it seem to me necessary that the Germ Theory form any condition for the acceptance or rejection of the antiseptic wound

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treatment; but in order that the following pages may have a logical bearing upon the subject under consideration, I ask you to bear in mind the following facts:

1st. Atmospheric air is a promoter of decomposition.

2d. Chemically pure air is not a promoter of decomposition.

To what then is due this difference?

Tyndall has demonstrated beyond the possibility of a doubt, that atmospheric air holds in suspension innumerable particles of solid matter imperceptible to the unaided senses. That the presence of these particles, be they inert matter or bodies possessing the power of germination, form an important factor in the process of decomposition, there can be no question.

Experience shows that those wounds which are totally excluded from atmospheric air from the time of their origin, heal, in the majority of cases, without suppuration or decomposition, *e. g.*, bruises and fractures in which the integument remains unbroken. That the free access of atmospheric air to a wound results in retardation of the healing process was noticed by the surgeons of the early part of the last century, is attested by one of the causes given in an old hand-book of surgery, dated 1714, viz: "The presence of a noxious air."

The tendency of the human mind to seek out original ways and methods, instead of observing nature's laws and assisting her in executing them, is illustrated by the many futile efforts which have been made to hasten the healing of wounds by the introduction of some foreign material. The use of some mucilaginous substance to glue the parts together was thought to be the proper thing, until it was discovered that nature herself amply provides for the adhesion of contiguous parts, if they are but brought into apposition. The pernicious use of all sorts of substances to combat inflammation was resorted to, until it was discovered that inflammation is a condition of nature for the regeneration of tissue, and if other precautions are observed it will be self-limiting.

As a direct contrast to the over-zealous efforts to hasten

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the progress of healing by the use of balsams, salves, poultices, and hundreds of other vile concoctions, came the open wound treatment, which was purely expectant, but gave results far in advance of anything previously known. This was surely no art, merely a letting-alone process, and giving nature a chance to work a cure in her own way. This method was followed substantially until the originator of the Germ Theory saturated the atmosphere with germs of infection, ready to pounce upon every newly made wound, and turn the healing process into one of decomposition. From that time to this the war cry has been, "down with the germs;" and in answer to the question of "how to do it," a babel of voices strikes the ear, and amidst the confusion of sounds a voice shouts: "Use *Carbolic acid;*" another says, "*Salicylic acid*'ll do it;" while fainter whispers come of victories from *Sulphate of Soda, Thymol, Eucalyptus Oil, Chloride of Aluminum, Permanganate of Potash, Chlorine* and *Bromine.* Amidst all this hubbub a still, small voice comes from Scotland and another from Vienna, saying, "Look out for cleanliness and the wound 'll take care of itself.

To the tyro in surgery such confusion of opinions is perplexing in the extreme, and in desperation he is tempted to denounce asepsis in all its relations.

The basis upon which all antiseptic treatment rests is no myth, for we have abundant proof that there is a something in atmospheric air which favors decomposition, hence the question resolves itself, not into whether or not antiseptic treatment shall be used, but what antiseptic method shall be adopted.

Mr. Lister, of London, was the first to formulate and put into practical use a systematic method of antiseptic wound-treatment; and so thoroughly did he cover the ground, that such new methods as have subsequently been devised, are but little more than modifications of the original, consisting mainly in the substitution in place of carbolic acid, of some other agent.

The brief space allotted to this paper will not permit an exhaustive elucidation of the underlying principles of the

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Lister method, nor of the series of experiments conducted by him, which finally resulted in its formulation and adoption. The primary object to which he aimed was the exclusion of atmospheric air, both at the time of operation as well as during the subsequent healing process. The almost utter impossibility of accomplishing the former, led him to seek out a method of so modifying the air as to render it innoxious, and this he claimed to accomplish by saturating the atmosphere, in the immediate vicinity of the patient, with a spray of carbolic acid solution. That the spray does so modify the atmosphere is a question upon which conflicting opinions are expressed by the most eminent men in the profession, and no conclusion can be deduced from statistics. All the other details of the system are, at the present time, retained substantially as advised by Mr. Lister. The most important modification of the Lister method is that adopted in Vienna, through experiments conducted in Professor Billroth's clinic. In place of the spray a 5 % carbolic solution is kept trickling over the surface of the wound during the entire operation. A small quantity of powdered *Iodoform* is dusted over the surface of the wound before the sutures are introduced, and an occlusive dressing applied, similar in its technique to the Lister, the exception being that the gauze used is impregnated with *Iodoform* instead of *Carbolic acid.* The same precautions are observed regarding sponges and instruments, *i. e.*, they are carbolized before each operation.

The reasons given for the rejection of the spray are, that they observed no benefit from it, and it entailed a large amount of trouble and care. The method of irrigation now used serves as protection from atmospheric infection, by substitution, is very easy to apply, and gives equally as good results. The *Iodoform* is used in place of *Carbolic acid* in the dressing, on account of its supposed greater antiseptic properties, and the results have been so flattering that it has been adopted in all the surgical wards of the Vienna General Hospital. Dr. Mikulicz, formerly Professor Billroth's assistant, sums up the virtues of the *Iodoform* dressing as follows :

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1st. In all conditions requiring a direct application of an antiseptic, *Iodoform* affords a capital medium, and in this relation deserves the preference above all other now available substances.

2d. The *Iodoform* dressing is destined to completely supersede the Lister *Carbolic* gauze, on account of its greater simplicity and certainty.

3d. The *Iodoform* treatment makes sure the aseptic course of wounds under conditions where heretofore the strictest antiseptic precautions were ineffectual.

4th. In already septically infected wounds and sores, the *Iodoform* is generally quicker and surer in its work than other antiseptics, without distinction of tissue.

5th. Upon syphilitic, tuburculous, scrofulous and lupous infiltrations, the *Iodoform* has a specific action.

Such enthusiasm as is expressed in Dr. Mikulicz's article and in his conclusions, as above quoted, is suspicious in itself, for the history of medicine presents countless discoveries of therapeutic agents of untold value, which have been lauded to the skies, only like a brilliant meteor to shoot across the heavens and vanish from sight. That such is to be the destiny of *Iodoform* is apparent, for already its brilliant career in Vienna is shrouded by reports of poisonings and deaths from its use, as well as inefficiency in its antiseptic action. Such other antiseptic agents as have been from time to time introduced to take the place of *Carbolic acid* in the Lister method, are too well known to need more than the passing mention given in the first part of this article.

As a fitting conclusion, I would express my own convictions on the antiseptic wound treatment, based on a somewhat wide opportunity for observation. In the Listerian law my faith is unshaken. The cleanliness secured by a strict observance of every detail, as laid down by Mr. Lister is, in my opinion, of more importance than the use of *Carbolic acid* or any other antiseptic now known. In all operations permitting it, I would use irrigation, with distilled or boiled water, in preference to the *Carbolic* or any other spray. Experiments made during the past few weeks have convinced

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me that *Iodoform* does not possess the antiseptic properties attributed to it, hence cannot become an agent of much value in wound treatment. In the dressing for wounds, I would follow substantially the method laid down by Mr. Lister, since that dressing secures more perfectly than any other now known the two great objects of wound treatment, viz: exclusion of atmospheric air and removal of discharge.

XV.

RUPTURE OF URETHRA.

A. H. CARVILL, M. D., SOMERVILLE.

SEPTEMBER 4, 1881, I was called to see Mr. B——, aged forty, American, teetotaler, and a clerk by occupation. Twenty years ago contracted Gonorrhœa, which was treated by injections, etc.

Urination became difficult and painful six years ago, and at last he could only pass his water slowly, and it came away in drops, but it did not become entirely stopped. For five or six days had an inflamed bunch on side of penis, about the size of a walnut, which at one time decreased in size, then again increased slightly.

The afternoon before my call, while urinating, he had felt something give way, and had a hot sensation in scrotum and groins. I found his scrotum enormously enlarged, being about three times the size of his doubled fists, black and gangrenous in spots, also black beneath the skin on the pubes, and in the groins extending upwards and outwards on the right to anterior superior spine of ilium. I tried to get a surgeon to operate on stricture, but failed; then I called in Dr. Farnsworth, and we slit up both sides of scrotum, letting out quite a quantity of alkaline urine, much reducing the size of the scrotum, and greatly relieving the pain of the patient.

September 5.—He passed quite a comfortable night;

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urine passes freely through opening; obliged to urinate every second or third hour.

September 6. — Has been quite comfortable since last visit; pulse, 95; temperature, 99; scrotum sloughing off in large pieces. Blackness under skin on pubes and in the groins, etc., has entirely disappeared, and left nothing behind to indicate anything abnormal.

At 4 P. M., operation by Dr. Alonzo Boothby, assisted by Drs. Farnsworth and Carvill. The stricture was two and one-half inches from the meatus, and very tight. Whalebone filiform bougies were passed down to the obstruction, and, after some little time, succeeded in getting one through the stricture. He then passed down on this, as a guide, a grooved director. On coming to the stricture, it was found to be very firm, and required the constant application of great force; in fact, all the force he could exert on the director, for several minutes, before it passed through. The operation was quickly and skilfully completed, and a catheter passed into bladder and tied in.

September 7, 9 A. M. — Temperature, normal; pulse, 95. Patient seems to notice operation very little; tongue slightly furred; appetite good; drinks three pints of milk daily.

September 8th. — Temperature, normal; pulse, 100; appetite good; passes catheter every two or three hours; large part of scrotum has sloughed off; cellular tissue around cord and testicle, over pubes, in groins and on right side, extending up as far as anterior superior spine of ilium, has puffed up, turned black, and can be pulled away in long, putrid shreds. Skin over these parts did not change color or inflame, but remained about normal; pulled away as much of the sloughing cellular tissue as was loosened up, and made incision two inches long, near anterior superior spine of right ilium. Twice daily the detached sloughs were removed and the caverns beneath the skin syringed out with a two and a half per cent solution of *Carbolic acid.* After the sloughs were removed, could pass a bougie from the opening in the lower part of scrotum under the skin to the anterior superior spine of the ilium, a distance of about twelve inches.

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September 10. — Temperature, normal; pulse, 100; appetite, good; takes three pints of milk daily; patient remained about the same until September 21, when I was called to him at 8 A. M., and I found he had had a chill followed by high fever; pulse, 130; temperature, 104; gave *Aconite.*

September 22, 9 A. M., pulse, 100; temperature, normal; he sat up a short time the day previous to having this chill and fever; had no other drawbacks, but gradually improved until November 21, when he resumed work.

A piece of the urethra two inches below the stricture, one-half inch in length, and including three-fourths of its circumference, sloughed out with the other tissues. This was a long time in granulating up, during which time a large bougie was passed alternate days, and urine drawn by catheter. Diet was generous, consisting of milk, broths, bread, eggs, fresh meats, etc., of which he took a good amount. Remedies given, — *Aconite, China, Cantharis, Cannabis Sat.*

At the time of his discharge patient was given No. 14 (English) steel sound, and ordered to pass it every Monday. He has been in perfect health ever since his discharge.

XVI.

A CASE OF PROLAPSUS UTERI — THOMAS'S OPERATION FOR NARROWING VAGINA.

WILLIAM L. JACKSON, M. D., BOSTON.

MRS. E. S. C——, a large, fleshy woman of sixty-seven years, entered the hospital last summer with the following history: Has had four children, with one of which she was badly torn; has always had good health until about eleven years ago, when she began to have dragging weight and pain in pelvis. She consulted a physician, who diagnosticated *prolapsus uteri.* Various attempts were made to replace it, but, although successful in restoring it to its proper place, it was impossible to retain it there. Different pessaries were

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tried, and numerous physicians were consulted, but without relief, the trouble gradually growing worse, until life became a burden to her. She acquired the knack of replacing the uterus herself; but walking about, coughing, or straining at stool, brought it down directly. Within last few months there has been considerable leucorrhœa.

At the time of the first examination there was a tumor, nearly as large as the woman's fist, protruding from the vagina. It was covered with mucous membrane, excepting at extreme left hand portion, which was denuded, excoriated in several patches, each about the size of a dime. The *os* was clearly marked at the left, these ulcerations being partly on it and partly on the adjacent vaginal wall. A sound entered freely and passed the normal distance, but in a directly transverse direction, showing that the tumor was the uterus, but that it was lying sidewise outside of the vulva. The cervix and body were larger than normal; the uterus could be easily replaced. Only a small portion of the perineum remained, all having been torn through, excepting the sphincter of the rectum. The patient was put in bed, uterus replaced, and vaginal injections of *Calendula*, morning and night, ordered.

After about three weeks' treatment the ulcers had healed. Thomas's operation for narrowing the vagina was advised, and performed in the following manner: The uterus being in a state of prolapse, a piece of the vaginal mucous membrane, size of buckshot, was snipped out just anterior to and on one side of the *os*. A director was inserted, and passed out at a corresponding point on opposite side of *os*, traversing the cellular tissue just anterior to uterus. The tissue overlying the director was cut through. From the central point of this incision the director was insinuated upwards between the bladder and the vagina, till a point near the meatus was reached, when it was withdrawn, and down the track thus opened a pair of dilating forceps, similar in shape to a glove stretcher, was passed, and opened laterally, so as to cause a tearing of the submucous tissues over a triangular space whose apex is at the meatus, and whose base is at the cervix.

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This separated portion was then brought together, so that this free part of the vagina was made to protrude, and the two flaps turned face to face. A clamp, made expressly for this purpose, with teeth, was adjusted so as to compress this separated flap. The superabundant tissue projecting beyond the clamp was then cut off and sutures applied approximating the cut edges. The uterus, clamp, and all were replaced, and the vagina plugged. The patient was put to bed, urine drawn at frequent intervals, clamp removed in two days, and vagina syringed twice daily. There was some sloughing of the wall, which had been included in the clamp, but all healed after about two weeks, leaving a firm cicatrix. This operation was enough to keep the uterus fairly in place; but, in order to make the cure more perfect, after the patient had fully recovered from the first operation, another was undertaken for the restoration of the perineum. This final operation was successful, and added one and one-half inches of solid perineum to that which existed previously. The patient left the hospital, with the uterus in position, perfectly supported, saying she was more comfortable now than she had been for eleven years.

XVII.

RAPID LITHOTRITY WITH EVACUATION.

ALONZO BOOTHBY, M. D., BOSTON.

CONSIDERING its recent development, Dr. Bigelow's rapid method of operating for Stone in the Bladder has been more readily adopted by the profession than most improvements in surgery. Neither the process nor the instruments have anything original in them. All the means used have been employed before, but never combined in one operation, — the instruments formerly used, though constructed on the same plan, were so imperfect as to make a successful operation almost impossible.

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One principal hindrance to improvement, heretofore, has been the error in supposing the bladder and urethra extremely irritable under instruments. This opinion was held by Civiale, the originator of Lithotrity. No one questioned his views until Dr. Bigelow developed his new method. The strong prejudice against the use of anæsthetics also did much to retard progress in this operation.

The exposition of these errors reflects as much credit for Dr. Bigelow as his improved apparatus. He demonstrated, first, that the bladder is tolerant of instruments when the patient is under the influence of anæsthetics; second, that there are no more objections to the use of anæsthetics in this operation than in many others.

Under the old method of operating to avoid Cystitis, the sittings were limited to four or five minutes' duration. In the light of our present knowledge, it seems strange that surgeons should have feared the use of a smooth instrument for one or two hours, while they allowed sharp, irregular fragments of the stone to remain in the bladder for days and even weeks. At present, it is fully demonstrated that these fragments are sources of great danger; for, at every evacuation, the delicate mucous membrane of the bladder is forced against the sharp edges of these fragments, keeping up a constant irritation, and often producing lacerations.

The new method consists in crushing and removing the whole stone at one sitting. The apparatus required consists of a crushing instrument, or Lithotrite, and an evacuating instrument.

The Lithotrite has undergone various modifications. In order to have a perfect instrument, several conditions must be met. Its size and shape must be such as to allow easy introduction through an ordinary sized urethra; it must be so constructed as neither to clog, become impacted, or to pinch the bladder. Dr. Bigelow's improvement in the Lithotrite renders its manipulation easier; for the old wheel he has substituted a ball; the lock is so changed that it can be reached by the fingers, while the ball rests in the palm of the hand. The operation with this instrument requires a

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degree of skill and delicacy of touch only acquired by long practice.

The evacuating instrument, upon which Dr. Bigelow has made the most improvement, consists of a rubber bulb, shaped like the bulb of a common syringe, with a capacity of about 10 ounces. It is provided below with a glass receiver, and above, with an attachment for the rubber tube, connecting it with the evacuating tube. This evacuating tube may be straight, or it may be curved somewhat like an ordinary catheter. Finally, it should be as large as can be passed, without injuring the urethra. The straight tube is the best for ordinary use. With a little experience, the operator can pass it into the bladder quite as readily as he can pass a curved tube.

In the operation, the lithotrite is first used, and a portion of the stone is sufficiently comminuted; then it is removed, and the evacuating tube, filled with water, that no air may get into the bladder, is introduced. The water is retained in the tube by a stop-cock. The bulb, likewise, filled with water, is connected with the tube, and under alternate compression and expansion the debris is washed out of the bladder and falls into the glass receiver. Sometimes a piece too large to pass through engages at the entrance of the tube, and must be pushed out by a rod provided for that purpose. By watching the glass receiver, the operator sees the result of his efforts. When fragments cease to appear, the lithotrite must again be introduced. The surgeon continues the alternate use of these instruments until the last fragment of the stone has been removed.

Considerable difficulty has been found in preventing the fragments from being forced back into the bladder, after they have once been sucked into the bulb. To prevent this, several methods have been devised. Dr. Bigelow proposes a metallic tube projecting into the bulb, having its sides perforated by several large holes, the combined calibre of which is greater than the calibre of the evacuating tube, of which it is a continuation. The force of the current of water produced by expansion of the bulb will carry the fragments out

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at the open end of this metallic tube, while, on compression, the greatest current will be through the perforated sides.

It requires much care and skill to evacuate the fragments rapidly, and, at the same time, to avoid injuring the mucous membrane of the bladder, by sucking it forcibly against the opening of the evacuating tube.

Nearly all cases of vesical calculus occurring in adults can be operated upon by this method with less danger than by any other. A stricture of the urethra, if it exists, must be relieved before operating; but in case the calculus is too hard to be crushed by the lithotrite, or, if the patient is a child, the knife will have to be resorted to.

Reports published in medical journals show that, in this country and in England, Dr. Bigelow's method of operating has been almost exclusively adopted; and on the Continent it is fast beginning to be extensively adopted. The results, so far, have been very satisfactory. Dr. Bigelow reports 14 operations by himself, with 1 death; Dr. Van Buren, of New York, reports 34 cases, in which he was more or less immediately concerned, with but 1 death, and that was due to a pre-existing suppurative inflammation of both kidneys. This condition was suspected, but not fully proven before the post-mortem. Sir Henry Thompson reports having operated upon 101 elderly male patients, with but 3 deaths. It is reasonable to suppose that in one or more of these three cases there might have been some serious lesion of other organs which contributed to the fatal result.

Thus it is, showing that in the hands of a skilful surgeon, the danger from this operation, in an otherwise healthy patient, is very slight. The four cases given below offer some points of interest, and, so far as they go, confirm the statement just made:—

Case I. — W. L——, aged seventeen, was admitted to the Massachusetts Homœopathic Hospital, for treatment, Nov. 24, 1881. When five years of age he had suffered from retention of the urine, for the relief of which the catheter was used. Since that time, after any exposure to cold, or after severe exercise, he has been more or less troubled with

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cutting pains, extending from the bladder into the penis. Three weeks before admission to the hospital, he caught a severe cold, which aggravated all the symptoms.

At the time of admission, he had, with intervals of partial relief, a constant urging to urinate. He could pass but a few drops at a time. The attempt to urinate was accompanied and followed by excruciating pain. The urine was albuminous, and of a dark, reddish color, and it contained a large sediment of pus. Sp. gr. 1020. A large vesical calculus was diagnosed. There was some doubt as to whether the albumen came from the pus in the bladder or from a diseased kidney.

No attempt to remove this was made till Feb. 4, 1882, when a small-sized Thompson's lithotrite was introduced, but failed to grasp the stone. The patient had been improving somewhat in general health during this time. No further attempt at removal was made until April 1. He came under my care, and, after some hesitation, I decided to operate May 5. During four weeks previous to the operation, the urethra was daily dilated by metallic sounds, gradually increasing in size. May 5, the patient was etherized, and, with the assistance of Drs. Talbot, Bell, Jackson, Sutherland, and Woodvine, the operation was performed as follows: I introduced a medium-sized lithotrite, which, at the first, encountered what seemed to be a broad band across the floor of the bladder. In front of this there was quite a depression. This condition was readily detected by those present, but it was thought best to proceed with the operation. Almost immediately on opening the blades of the lithotrite, a stone measuring one and a half inch in diameter was seized. This was crushed without difficulty. After seizing and crushing some of the fragments, the lithotrite was withdrawn, and a straight, evacuating tube introduced, and some of the fragments drawn out. The lithotrite and evacuator were thus used in alternation seven times; fragments of various sizes, from one-quarter to one inch in diameter, were crushed and removed. The returning water was in each case tinged with

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blood. Finally, a weak solution of *Carbolic Acid* was thrown in, and the bladder thoroughly washed out.

The entire operation lasted about 2½ hours, and 420 grains of fragments of a calci phosphate calculus were removed. A warm compress was placed over the hypogastrium, and *Hypericum* 3x was prescribed.

When he came out of the ether, he complained of pain in the region of the bladder. Eight hours afterward a catheter was introduced, but the bladder was found empty.

During the night he grew very much worse, with marked symptoms of Diffuse Peritonitis. About twenty hours after the operation he died; twenty-four hours after death a post-mortem was made.

On opening the abdomen the peritoneum was found inflamed throughout its entire extent. In the peritoneal cavity was found a small quantity of serum, and some recent adhesions. Examination of the bladder showed that every particle of the stone had been removed except one piece, which weighed less than ½ a grain. There was no trace of urine. The fundus of the bladder was very much thickened. The bladder was contracted to about two-thirds of the normal size. At its base was a depression ⅜ inch deep, ½ inch in the transverse, and 1 inch in antero-posterior diameter. It was the posterior border of this depression that the lithotrite came in contact with when first introduced. There had been a deep ulcer at this point, which had extended almost entirely through the wall of the bladder. In the efforts at crushing and evacuating the stone, the soft granulations covering the ulcer were torn off, and the thin wall gave way. The vesical mucous membrane was otherwise intact, and showed no trace of injury from the instruments used.

The left kidney was very much atrophied, indicating the third stage of Renal Cirrhosis. Its cortical substance had almost entirely disappeared, leaving a fibrous mass, little resembling the structure of a healthy kidney. The pelvis of the kidney was contracted; it was evident that the disease had proceeded so far that the organ had ceased to perform

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its function. The right kidney was somewhat enlarged, and of a dark red color. It presented the appearance of a kidney in the first stage of Renal Cirrhosis. This case resembles Dr. Van Buren's case that ended in death, in being complicated with a fatal disease of kidneys.

Case II. — W. H——, aged sixty-seven, was admitted by me to the Massachusetts Homœopathic Hospital, for treatment, May 31, 1882. He had always been in good health till two years before, when he broke his leg. Three months later he began to pass gravel with his urine. He had pain in the region of either kidney, and urination was painful. Hemorrhoids also appeared at this time.

At the time of admission, his urine was thick, and contained a large amount of sandy sediment. Micturition was painful, and there was constant pressure and straining in the bladder. Examination with a sound showed the presence of a calculus, and also discovered a contraction of the membranous portion of the urethra. An operation was decided upon. Up to the time of the operation, June 23, metallic sounds, gradually increasing in size, were passed daily. A catheter was passed night and morning, and a small quantity of one per cent solution of *Carbolic Acid* was thrown in. Several small calculi came away, in the meantime. *Cannabis Sativa* IX was given during this preparation.

June 23. — The patient was etherized, and, with the assistance of Drs. Talbot, Bell, and Jackson, the operation was performed as follows: *Olive Oil* was first injected, and then the bladder was filled with a weak *Calendula* lotion. The lithotrite was next introduced, and the calculus was almost immediately seized and crushed. A few of the larger fragments were then seized and crushed, and the lithotrite was replaced by the evacuating tube No. 17, Am. (No. 25, F.). The returning fluid was slightly tinged with blood. As soon as fragments ceased to appear the tube was removed, and the lithotrite again introduced and operated as before. The bladder was finally filled again with a weak *Calendula* lotion.

The entire operation lasted thirty minutes, and 222 grains of fragments were removed. The patient recovered readily

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from the effects of the ether. *Aconite* 3x was given, alternating with *Sarsaparilla* 1x. He improved rapidly, and with very little fever, 100° being the highest point reached in the five days following the operation.

June 25. — Several fragments of calculus were passed with the urine. There was a constant discharge, from the urethra, of mucus mixed with pus.

June 29. — I introduced the lithotrite again, without giving ether. Several small pieces of stone were crushed and removed. I continued *Sarsaparilla* 1x.

July 1. — Temperature, 102°; pulse, 110. There was great thirst; the tongue was coated, and there was burning in the urethra during micturition. Gave *Acon.* 3x, changing to *Canth.* 3x, on the 3d inst.

July 7. — I introduced the lithotrite twice, but found only one fragment, which I crushed and removed.

One more fragment came away July 8. The patient had very little pain of any description. He was discharged, cured, July 10.

Case III. — Mrs. B. E——, aged sixty years, entered the Homœopathic Hospital, for treatment, June 5, 1882. She had never been strong. At the age of eight years she had a severe fall, and ever since that accident she had suffered from incontinence of urine. At the age of twelve years, menstruation began. The menses had always been scanty, irregular, and very painful. After the cessation of menstruation, in her forty-first year, her vesical trouble became worse; it was accompanied by bearing-down pains, making her unable to walk for a long time. About two years ago she had a stone removed by Prof. Bigelow.

At the time of admission, her general health was poor; there were constant bearing-down pains, and a continual desire to pass water. Small stones often passed with the urine.

At noon, on the date of admission, the patient was etherized, and, with the assistance of Drs. Talbot and Jackson, the operation was performed as follows: On examination with the sound, no calculus could be discovered. The urethra

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was gradually dilated until the little finger could be introduced. I discovered, covering the lower portion of the posterior wall of the bladder, a fungus growth covered with hard granules of what proved to be a phosphatic deposit. These granules were scraped off with the finger and evacuated with Bigelow's apparatus.

She recovered well from the ether. I prescribed *Arn.* 2x, and a vesical injection, with a one per cent solution of *Carbolic Acid* night and morning. For the next two days the fluid from the bladder contained a little bloody mucus and pus, together with some granules the size of shot. Prescribed *Apoc. andro.*, and continued the injections.

June 10.—She passed a small amount of clear urine, without any gravel. She sat up without difficulty, though she had occasional jumping pains in the urethra; continued the injections; prescribed *Sarsaparilla* 3x.

June 22.—The urine was light-colored and alkaline, Sp. gr. 1016. I ordered an injection of *Acetic Acid*, 2%, twice a day; continued *Sarsaparilla* 3x.

July 1.—She was transferred into the service of Dr. Jackson, who continued my treatment; she improved rapidly; the urine became strongly acid and darker in color. Sp. gr. 1027.

July 26.—She was discharged, cured.

Case IV.—Mrs. P——, aged forty-two, was admitted to the Homœopathic Hospital, August 2, 1882. Two years before, she had had a severe and protracted labor, resulting in a still-born child. Soon after this she began to suffer from vesical tenesmus, which has troubled her ever since. About a year before admission, she had a sudden, severe pain in the line of the ureter, and shortly afterward a calculus as large as a pea passed, while urinating. She had passed calculi at intervals ever since.

At the time of admission she had a constant and almost uncontrollable desire to pass water; general health impaired. She is a small, pale, nervous woman; she had an eighteen months' old baby, which was not weaned till the date of admission to the hospital.

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Examination with a metallic sound showed the presence of a calculus. I decided to operate by Bigelow's method as soon as the urethra could be sufficiently dilated. During the process of dilatation the patient's health improved quite fast. *Sarsaparilla* 1x was prescribed.

Aug. 22.—The patient was gaining. I ordered a daily vesical injection of a one to three per cent solution of *Carbolic Acid.* There had been a little trouble with the breasts, but it soon disappeared. Prescribed *Sarsaparilla* 3x.

Aug. 26.—The patient was etherized, and, with the assistance of Drs. Bell and Jackson, the operation was made. As in the other cases, the lithotrite was introduced, and the stone crushed and evacuated. Only three introductions of the lithotrite were necessary. Eighty grains of fragments were thus removed. I then introduced my finger and detached several pieces of stone from the vesical walls by sweeping the finger about in the bladder. The entire operation lasted thirty minutes.

She recovered from the effects of the ether quickly and well. *Sarsaparilla* 1x was prescribed; a two per cent solution of *Carbolic Acid* was injected into the bladder daily. At first there was involuntary micturition; but, under the treatment, this steadily improved. During her convalescence one small fragment of stone passed with the urine. Her recovery was steady and satisfactory. She was discharged, cured, Sept. 30, 1882.

I think cases III. and IV. illustrate the chief cause of failure after crushing.

In the case operated on by Prof. Bigelow, there was probably left a small fragment adherent to the bladder, which became the nucleus for the granular masses which were discharged. In the last case, if the finger had not been introduced and the adherent particles removed, there is every reason to suppose that the trouble would have continued.

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XVIII.

OVARIAN TUMOR—REMOVAL.

I. T. TALBOT, M. D., BOSTON.

CASES of ovariotomy have become so common that they no longer possess the charm of novelty; and yet rarely, perhaps never, are any two cases exactly alike; so that each fresh case is worthy of notice. This is my excuse for presenting to you the following:

Mrs. P., aged 33, tall, slender, dark complexion, black hair and eyes, nervous temperament; has never been very strong or well, but never very sick. Her menses appeared at fourteen and continued, regular but painful. She was married at nineteen; conceived and gave birth to a healthy boy in 1876, eight years after her marriage. The labor is reported as quite severe, though natural, but the placenta was adherent upon the right side. She has not conceived since. In August, 1880, she noticed a marked enlargement of the abdomen, which she thinks must have begun the preceding April, when she had marked pain and inflammation in the lower part of the abdomen. She consulted various physicians, among others a somewhat noted ovariotomist, who pronounced it an "ovarian tumor," but recommended that she should do nothing. She did, however, take various remedies, and till last April, twenty months, she could perceive little or no increase in size. Since that time it has enlarged, and within the last six weeks very rapidly, until it has produced dyspnœa and marked difficulty in breathing. She consulted her former physician, Dr. C. H. Farnsworth, who sent her to me, on September 22, for examination and probable operation.

The abdomen measured thirty-seven inches around umbilicus, and sixteen inches from sternum to pubis, with umbilicus midway. It is generally evenly rounded, but there is greater fulness of the right side, where fluctuation is most distinct. Closely below the umbilicus, on deep pressure, a

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distinct tumor, about two inches across, is felt. On the left side, above the hip, a firm, hard tumor, or mass, is perceptible, through which fluctuation is slight. By vaginal examination the uterus was found to be carried far upward and backward, the os slightly open, and a glairy mucus exuding. Some granulations bled slightly on passing the sound, which entered about an inch and a half, the fundus being carried to the right.

The patient, although mentally depressed, seemed to be in very good physical condition, the sounds of heart and lungs were normal, appetite moderate, digestion fair, bowels regular. Her menses, which occur every twenty-three or four days, are soon due. They appeared on Sept. 30th and ceased on Tuesday, Oct. 3d, when an operation was proposed for Saturday, Oct. 7th.

The house of the patient is surrounded by trees, the room small, with windows on three sides, and has an old and musty smell. This was particularly noticeable in the lower part of the house.

The room was thoroughly cleansed, and fumigated with sulphur fumes, two successive nights. On the day appointed, at eleven o'clock, the operation was performed, in the presence of, and assisted by Drs. Farnsworth, Jackson, Packard, Emerson, G. H. Talbot, Safford and Fisher.

The patient was etherized and the operation carried on under a five per cent. carbolic acid spray. The instruments were all immersed in a solution of the same strength, and the sponges and hands were frequently dipped in a weakened solution of the acid. An incision five inches in length, afterwards enlarged to seven, was made along the linea alba, below the umbilicus, and the tumor was found to be free from adhesions. About seven quarts of clear fluid were drawn by the trocar from the main cyst; and on turning the patient upon her right side, the cyst and solid portion of the tumor were with some difficulty withdrawn from the abdominal cavity. The tumor was attached by a short and broad pedicle to left side of the womb, and had, in its growth, retracted and pressed it to the right. The pedicle was secured by

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three carbolized catgut ligatures, dividing it in about equal portions, and a final ligature passed around the whole, binding all three together, thus leaving a stump, after division by the thermo-cautery, not more than one-third of an inch in diameter. No hemorrhage occurred from the pedicle, and scarcely an ounce of blood was lost in the whole operation. The uterus, intestines and omentum were carefully cleansed of any blood, and placed in their proper position. The wound was closed by five deep and two superficial sutures of silver wire. Lister's dressing was then applied, and the patient put to bed. The operation lasted about one hour. At the close, and for some time after, she vomited, and the retching caused great strain of the abdominal walls. The ether produced great nausea and thirst; and for twelve hours her stomach would not take anything but water. Nevertheless she slept considerable the first night and each night thereafter, and to-day, the fifth day after the operation, her pulse is 80, temperature 98.6, respiration normal, and she is fast convalescing.

Hypericum in this, as I have found in many other surgical cases, did much to relieve the pain and soreness, while *Chamomilla* relieved the sharp pains arising from flatulence, which is so common after the compressed condition the bowels have been in previously.

The tumor, which with its contents weighed about eighteen pounds, is multiple, and beautifully exhibits its endogenous character. The anterior cysts, so clearly felt through the abdominal wall, are exhibited within the cavity of the principal cyst. The hypertrophied condition of the fallopian tube is quite remarkable. It extends across the entire tumor, measures sixteen inches in length, and easily allows the passage of a No. 16 bougie. The fimbriated extremity was carried from its original position, on the left side, nearly to the right iliac region, while the right ovary and fallopian tube were normal and in proper position.

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XIX.

OVARITIS.

L. A. PHILLIPS, M.D., BOSTON.

My object in presenting this subject to you, is not so much for the purpose of telling you what I know about it, as to inaugurate a discussion of several points connected with it.

In the first place, authors differ widely regarding the frequency of the existence of inflammation in the ovary. Emmet, for instance, considering it a condition very rarely met, except from injury during child-birth; while Ludlam, at the other extreme, believes inflammation of the ovaries to be the cause and origin of a large proportion of the functional derangements which are generally charged to uterine disease.

From my own observation I am confident inflammation of the ovaries is by no means a *rare* occurrence, but I am *not* so confident of its being always, or generally, the primary seat of inflammation, as in nearly all cases, I find it associated with endometritis, or cellulitis. Now, as you all know, the supply of nerves and arteries to the ovaries is from the same source as that which supplies the uterus, to a considerable extent; and any disturbance of the functions of either nerves or vessels would almost inevitably be manifested in both organs; or, if originating in either uterus or ovary, it would quite likely be communicated or reflected to the other.

Inasmuch as the ovaries are the primary seat of the regular monthly ovulation, a function normally attended by more or less congestion, and resulting in a solution of continuity in the investing membrane, at the point of discharge of the ovum, is it not probable that an abnormal congestion, or even inflammation may develop in the ovary primarily, and, through the intimate relation existing between that organ and the uterus, excite a secondary and sympathetic disturbance there; where, being within reach and more easily diagnosed, we discover it, and quite likely overlook entirely

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the conditions of the ovaries, or, if observed, it is regarded as secondary, and resulting from the uterine difficulty. And if this be so, should not our attention be given to the primary difficulty instead of the secondary uterine manifestation thereof?

Of the *causes* assigned by authors, injury during childbirth, pelvic peritonitis, cellulitis, suppressed menstruation and gonorrhœa are generally recognized as most common. Other causes are, injury consequent upon prolapse of the ovaries; the procuring of abortion, either by mechanical or medicinal means, more especially the latter; self-abuse, or, excessive venery and emotional excitement, as from frequent reading, thinking, or conversing of subjects that excite the sexual passions. Regarding these causes, I must say that I never saw a case in which I detected an injury to the ovaries in childbirth; I doubt its being a *common* cause. Inflammation, which is only a reflection or extension of the same process in adjacent tissues — as in cellulitis and pelvic-peritonitis — demands no consideration apart from these subjects. Gonorrhœa is considered by many as a rather improbable cause of ovaritis. But I believe there is no more doubt of the connection between the vaginal and vesical inflammation resulting from gonorrhœal infection and the subsequent or attendant ovaritis which I have observed in two or three cases, than there is of orchitis being a direct result of the same poison when following a case of gonorrhœa in the male. Of the suppression of menstruation, by cold or otherwise, there can be no question that it must cause a congestion of the ovaries which may end in sub-acute inflammation, provided menstruation and ovulation are coincident and interdependent, as I believe them to be, as a rule; but if not, and the ovum is discharged and the attendant congestion relieved, whether menstruation occur or not, as taught by some, I see no reason why suppression of that process should seriously affect the ovaries. I believe, however, that ovaritis is a more common *cause* than *effect* of suppressed menstruation. Displacement or prolapse of the ovaries is not, in my opinion, duly recognized as a cause of ovaritis. I have seen

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more cases which I believe due to this cause than to any other; at least, displacement and inflammation were co-existent. I am aware that some reverse these conditions as cause and effect, but, in my humble opinion, prolapse of one or both ovaries is no uncommon occurrence, and is a prolific cause of ovaritis, through the injury constantly inflicted upon the organ when dropped between the womb and rectum or pelvic bones, as I have repeatedly found it. Procured abortion *ought* not to be a frequent cause of this difficulty, but I am sorry to report that several ladies have come under my observation who were unwilling to contribute to the increase of the human family, and to avoid it have taken all manner of vile decoctions, or even submitted themselves to the operations of an abortionist. So, I conclude this may be not a very uncommon cause of the inflammation which will almost surely follow those performances, either by the direct action of the drugs, or the nervous shock and reflected inflammation following mechanical interference.

Excessive sexual indulgence, self-abuse and emotional excitement I believe to be much less frequent; but occasional causes of this condition, though it is not easy to trace these effects to this class of causes, because they are rarely acknowledged if existing.

The diagnosis of ovarian inflammation has not seemed so difficult to me as it is represented by some authors, who assert that the ovaries can seldom be reached. I have not found it so, except in very fleshy subjects. By pressing as firmly through the abdominal walls, upon the pelvic organs, as the patient will comfortably bear, I can generally bring the ovary of either side between the fingers of the right hand in the vagina, or rectum, and those of the left externally. And when the patient presents as her complaint the characteristic burning, sickening pain, extending oftentimes down the inside of the thigh, from the region of the ovary, and aggravated at each monthly period, or on each alternate month, I always make an attempt to corroborate my suspicion of ovarian inflammation by physical examination of these organs.

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The theory that all these symptoms, and even the existence of ovaritis itself, if recognized, are due to and dependent upon the uterine congestion, or inflammation, which may probably be coexistent, leads to carelessness regarding the condition of the ovaries, and causes its advocates to ignore these organs, in their methods of examination and treatment; and, as a consequence, after apparent cure of the endo-metritis or other uterine lesion has been effected, a short intermission results in a return of similar conditions, because the primary exciting cause had been left untouched, and ready, when opportunity offered, to reassert itself and reproduce the reflex disturbance which had been treated as the disease.

In this very fact, I believe, lies one of our chief advantages as homœopaths. We combine with the same or similar local treatment to that of our old school brethren, such internal medication as the symptoms of the case indicate, and thus we produce results which could not be obtained by local treatment alone, especially when the ovaries are involved. And, furthermore, I believe the cures of uterine diseases, which are claimed to be made with internal remedies alone, if they are cures at all, are of such cases as are dependent, primarily, upon ovarian disturbance; and this being relieved by the appropriate internal remedies, the dependent uterine difficulties may subside and disappear.

The results of neglected ovaritis are various and oftentimes very serious; amenorrhœa, dysmenorrhœa, menorrhagia, sterility and uterine inflammation of one form or another, are among the more immediate effects, while induration, abscesses and atrophy *may* result in severe cases. I also question if by the thickening of the investing membranes, which is likely to result from inflammation, the ovum is not thereby prevented from escaping at maturity, and afterward by cystic degeneration forming the nucleus of an ovarian cystic tumor. And also, if the inflammation affecting, as it sometimes does, the deeper tissues, may not give rise not only to hypertrophy and induration, but also to the development of hyperplastic growths.

Of treatment, I will speak but briefly, leaving to after

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discussion this important part. The cause, manifestations and existing conditions must all be considered in applying our remedies. If displacement exist, reposition and support, or the recumbent position, must, of course, precede any other steps; if gonorrhœa be the cause, *Thuya* and *Protoiod. of Mercury* are my main dependence, while at the same time, for the accompanying vaginitis, I have used injections of *Sulphate of Zinc* or *Ammonium Chloride Sol.*, ten to fifteen grains to the quart, followed by *Glyceroles of Hydrastin. Bell.* and *Conium*, both internally, and per vaginam, *Thuya, Ham. Merc. Protoiod., Gels., Ergot* and *Iodine* have served me well in various cases, while external compresses of hot water and alcohol, or rum, or hop-bags wet with the same, relieved the pain when acute, and vaginal injections of hot water served to relieve, to some extent, the congestion.

XX.

ZYMOSIS.

E. B. DE GERSDORFF, M.D., BOSTON.

THE idea among the common people that epidemics originate and spread by animals of a lower order is old; but heretofore it was based more upon a superstition than upon a physiological proposition, until it received a more decided expression in the beginning of this century by several naturalists and microscopists. I recollect that as long ago as the year 1827, while the Cholera was raging in East Prussia and Poland and was approaching Germany, the inhabitants of my native town, and I amongst them, rushed out in the snow-covered fields to see on the snow the so-called Cholera fly, a small, black insect, which was *said* to be the forerunner of the threatening epidemic. But at the present time we have, with the aid of careful microscopic exploration and experiments with the living, come to the full acknowledgment of it, so that the theory of Zymosis, as a cause of disease, forms

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the most important step in modern science, although much more of it has to be learned yet.

This increased knowledge of these causes of disease seems to have a depressing effect upon the minds of some, who connect disease and epidemics with morals and sin and punishment; but, in reality, a great step is gained by learning to know our enemy, even if at first we may have been astounded at this prolific, newly-discovered cause of disease. Nature, after all, remains the same; she respects race and not hybrids; every race has its own habitat and right of way. "Nature is our fate," says the Concord philosopher, and has to be met with courage. Face the Cholera—the Diphtheria or Yellow Fever—in your friend's house, but have your eyes open (and keep your mouth shut, I would wish to add). Our new knowledge has already borne good fruit. The annual slaughter from Typhus or from Cholera exceeds that of war; but right drainage has almost destroyed Typhus. Depopulation by Cholera and Smallpox has been stopped by drainage and vaccination. The fearful ravages of Diphtheria in Bessarabia, a Russian province, showing, of 100,000 cases, 55,000 deaths, while nothing was done to prevent, to protect, or to cure, need not discourage us, when we compare them with ours, and find that we do not lose altogether more than one in five cases, but keep improving in protecting, preventing, and curing measures all the time. Let us, therefore, rather than be despairing, with the great worshipper of Nature, build altars to that blessed unity, which holds nature and soul's in perfect solution, and compels every atom to serve an universal end; let us build altars in our mind to this beautiful necessity, and, meanwhile, like Cromwell's soldier, keep our powder dry.

The whole circle of animal life—tooth against tooth, devouring war, *i. e.*, war for food—need not on the whole be a discouraging prospective. Observe how far the roots of every creature run to find the points, the threads, of connection. This knot of nature is so well tied that nobody was ever cunning enough to find the ends. Thus the poet.

In order to come to an understanding about these ques-

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tions which have to deal with the first links of organic creation, we have first to consider what is the starting-point, the protoplasma, the name given by the scientists to that substance, from which the first organization is supposed to start. It is not a myth nor a human invention. Let us for a minute look into this minute world. Everybody, who will take the pains, can easily perceive when he examines common tan kept in a warm and moist place, such as a hot-house, small, slimy drops, called plasmodias. They are not dead matter, but living substances, to be found also in every cell of every living plant or animal: this is *protoplasm*, chemically an albuminous substance, and without which life is not to be thought of. These little bodies under the microscope are full of motion, sensitive to the light, have dissolving or digesting power over certain starchy, mucous, or sugary substances, therefore must be called *living*, if moving, digesting and being sensitive to certain outside influences can be called living. The question now arises, ought we to consider these plastic germs or plasmodia as animals or as plants? Forasmuch as they move and eat, they ought to be called animals; but when we watch their propagation, they are evidently like plants. Each of these new created plasmodia, or minute seed-corns, will be found again to have a period of moving about, in stagnant water, like an animal; but, after awhile again, they act like, and have the nature of, plants. Of course, while it is easy to distinguish thoroughly organized plants and animals, it must be evident, that the distinction will be difficult when having to deal with these beings of the lowest order of organized development and of microscopical dimensions. Both have, in common, protoplasm and the formation of cells. They were known already two hundred years ago; but their significance was first given to us by Schleiden, who, before he promulgated his cellular theory of plant-life, had a near companion to his work and in his daily intercourse, another scientist, Virchow, who became later the great cellular pathologist. Each cell is a little organization or individual of its own; inside of it, a protoplasm or zoögen, and each having inside of that a small

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nucleolus or future seed-corn. Therefore, as the same living substance and cellular formation is common to both vegetable and animal kingdom, it is evident that the real border line between the two cannot always be clearly defined. Some of those minute beings are evidently more decidedly plants and other animalculæ. For instance, the so-called Ulothrix, with simple, small, greenish threads, formed by a single row of cells, represents the lowest order of plants; but some of these cells are so-called rovers, "Schwärmer," and they contain again, by their inherent power to move, also the power to propagate, and are thus more like animals.

Another kind, which was already seen and watched by microscopists in 1700, is the Volvox, visible to the naked eye. The famous Dutch naturalist, Loewenhoek, called them moving plants; but Linné ranged them among the animals, and since then this little being seems to have had no right of citizenship anywhere, but an enormous power of multiplying, nevertheless. This fact and quality, the power of multiplying in geometrical proportion, is particularly important for us, when we find another kind, the bacteria, belong to these protoörganisms, or germ bodies, which have their habitat in the human body, and are thus, in spite of their minimal size, able to produce so much destruction by their enormous propagation. The globular bacteria are immovable, but the stalk-like or spiral-shaped have small fins, or lashes, and can move, and each has, besides, a capability of issuing spores; and while the original bacterium perishes, the spores are preserved, develop, and propagate in a geometrical, *i. e.*, enormous ratio. These spores, however, are often very tough, and may, in gradually dried and thus preserved blood, keep their power to propagate after years. A great many kinds of bacteria have been recognized; but the idea that each kind produces a different disease has not been verified; and it has also become evident, that, from the spherical bacteria, the spiral-shaped bacteria, may be reared, and that there are some very dangerous and other innocuous forms descending from each other. But from all this we are compelled to consider both the primitive plant and the

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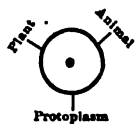
primitive animal as *equally* originating from protoplasma. Thus: —



They are, in the lower orders, at least, very much alike; both sexes being contained in one and the same animal. Whether in their further development, election, after the Darwinian theory, or the influence of a planetary power, namely, positive and negative electricity, decides on the sexes, is as yet only a surmise. They are both the plant-germs and animalculæ; therefore, to be considered as coördinate, and are by their perennial series of births, deaths, and resurrections, of constant and intrinsic importance to each other in the circulation of matter on earth.

Most authors are inclined to call the bacteria primitive plants, and they are, indeed, very similar to the primitive green threads of which I spoke before, very tenacious of life, and some of the same kind are found alive even in the boiling Carlsbad-Sprudel water, and in the hot sulphurous springs of Puzzuoli. Hence, the bacteria are found to withstand a great degree of heat, and hence their tough nature in the human body and out of it as infectious matter.

One distinction between primitive animals and plants lies in the green color which is peculiar to the latter, and which we admire in all vegetation; although here, again, we find exceptions to this rule in the fungi, which are white, and still are primitive plants and not animals. A more essential difference between plant and animal is found in its elementary construction. When a cut is made through a vegetable substance, and is brought under the microscope, the different cells are seen more clearly defined by a thick and firm compartment wall or skin; not so with the cut surfaces of animal matter; the border lines below the cells are very indistinct, and the protoplastic bodies are closer together, and therefore much more able to mix with each other, and to travel and to melt, as it were, into each other, than those of the plants.

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Hence the increased faculty of the animal over the plant of becoming diseased.

I have taken the liberty of going with you into these details, which are likely all known to you, because I intend to draw from these facts, belonging to the history of the bacteria and other zymotic bodies, some conclusions which must have a considerable influence upon the treatment, homœopathically or otherwise, of all diseases produced by them. As causes of disease, they are for this reason entirely different from all other causes, in that they represent a living principle of their own, and this in such a thorough going manner, that the symptoms which we perceive in those human beings who are taken sick by any zymotic diseases, are not only to be considered as signs of a roused-up reactionary life-power, but of the presence of a struggling new life-power of beings of a lower order, asserting itself by a more or less successful spreading over the human body, each kind in its own way. The mere homœopathicity of the symptoms with those of any drug offered will therefore be not sufficient in the treatment; but homœopathic treatment must go hand-in-hand with efforts to destroy the further progress of this lower life. Many practitioners have found, therefore, that they have not had sufficient success with purely homœopathic treatment, ever so carefully carried on; but, when connected with disinfecting measures, with the use of a medicated spray, a solution of one or the other of the germ-destroying drugs, of which the selection may have to be again quite specific to the case in hand, the effect of these efforts has been a good one. From all this, it becomes evident, if we wish to proceed as rational scientists and as physicians, that we have to put the sphere of action in therapeutics, which we claim for homœopathic remedies in the right connection with the sphere of action of the diagnosed germ-diseases. Neither are human inventions or fancies; but their evidence of existence rests on discoveries in therapeutics, physiology, and pathology. Hahnemann himself, while the Cholera was raging far in the east of Russia, prophesied, from the symptoms which he gathered by hear-

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say of the epidemic, that *Camphora*, *Cuprum*, and *Arsenicum* would be the main remedies, which turned out to be true. But *Camphora* became evidently so by being also a destroyer of Cholera *infusoria*, and therefore a protection, and was put as such in general use by express order of the governments, while the reputation of copper and Arsenic, as poison for vermin, is well established, although their true homœopathic relation to Cholera is also evident.

We know as yet little enough of the bacteria, which are both the cause and the product of diphtheria, and the little we know has been gathered only lately, owing to the later prevalence of this epidemic, both here and in Europe; but we know still less of the Cholera animalculæ, or of those of the yellow fever, typhoid fever, and, in fact, of all the *contagia viva* which produce the various distinct forms of the eruptive fevers and all other zymotic diseases, the number of which is added to daily, as I might say. Within the last years, as was quite natural, the true significance of zymotic disease being once acknowledged, quite a number of diseases, both acute and chronic, are being claimed as belonging to this order, which formerly were considered of uncertain or unknown origin, or ascribed to that vague and still more obscure source of inheritance. It is evident, that the discussions on the *Contagium* and *Miasma Vivum*, in other words, on the cause and nature of all the zymotic diseases, will, from the present time on, never cease until the questions involved are scientifically settled. But this period of researches and discussions could never have been arrived at until it was evident that the old theory of fermentation, as a chemical process, such as put down and defended last by Liebig, was put aside by the new explorations of the microscope, in the hands of physiologists, such men as Wagner, Voigt, Mollschott, and a host of later followers and workers, who explained and proved the process to be a physiological one.

To conclude these remarks, I cannot omit referring to hygienic prevention of zymotic diseases. I will not lose any time on the rather trite chapter of drainage and sewerage; of the necessity of good drinking water and of aqueducts. We

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are, in this city, so full of good advice and wisdom about this subject, that I must think, by and by a little lasting benefit must be derived from all the schemes laid out and planned, and all the money spent, although as yet we have seen but little good come from it. But still we may hope that our city will soon see the last of that terrible zymotic epidemic, which now has, since almost twenty years, with more or less severity, raged here. But formerly every epidemic, like every single animal's life, had a birth and a death, a beginning and an end. But a very important move for a shortening of this and other zymotic diseases, is that made in another direction, namely, in putting our system in a better state to receive and to throw off any of the inimical germs of disease which threaten to permeate our land, and that is: *regulation of our food.*

I cannot but pay here, openly, my tribute of approbation to the ideas developed about this subject by my colleague, Dr. Moor, of Germantown. I trust that most of you have read his address on this subject, delivered at the session of the American Institute of Homœopathy, in 1878. In very few words, they are these: "The power of resistance, as well as the peculiar susceptibilty for disease in us, depends very much upon our food. We need good food, the right food, and enough food." He makes the practical distinction between primary, *i. e.*, farinaceous and vegetable food, directly from the earth, and secondary food, *i. e.*, animal food. An exclusive diet of primary food, under all circumstances, is by no means advocated, but it is argued, that the quantity of primary food should always be proportionate to the external heat to which the body is subjected. While in the polar region life can be sustained and health preserved upon an exclusive diet of secondary, *i. e.*, animal food, or heat-producing food, and a large quantity at that, under the excessive heat of the tropics, where Nature provides in abundance all the fruits and vegetables, an almost exclusive diet of succulent vegetables and acid fruits is most fitting for preservation of health; and a similar diet would, therefore, be advisable during our summer season not only, but during the winter for all those

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who live most always in an artificially heated atmosphere. This principle should be particularly acted upon in the furnishing of food for the infants who cannot have breastmilk, and whose enormous ratio of deaths during the warm season stares us every year in the face. The physical degeneracy caused by imperfect nutrition, and which produces the dynamic susceptibility to disease, would then be greatly deviated.

Thus reasons Dr. Moor, and, in my opinion, fault in diet, and all deterioration in health and susceptibility to prevailing epidemics, are natural consequences in all climates; therefore, if, with such judicious dietetic rules, very similar to those given eighty years ago by our old master Hahnemann, the right homœopathic treatment shall be combined, I have no doubt that many epidemics will be easily shortened.

XXI.

REPORT OF COMMITTEE ON MATERIA MEDICA.

C. L. NICHOLS, M. D., WORCESTER.

MR. PRESIDENT AND MEMBERS OF THE SOCIETY: — The report of your committee can best be expressed in that hackneyed but trite saying of the Roman poet, "*Parturiunt montes, nascetur ridiculus mus.*" Your committee have attempted a work worthy of presentation to such a meeting as this and have failed. Our province is confined to the verification of provings already made, or the undertaking of new ones. In accordance with the advice of the committee, the proving of a new drug was determined upon; and in consequence of an interesting thesis presented at the Boston University School of Medicine, by Dr. George Talbot, on that subject, the substance decided upon was *Urea.* Knowing well the important function of *Urea* in the human economy, and the terrible consequences of its retention in the system, as well as its relationship with *Carbonate of Ammonia, Carbo-*

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mide and other important chemical substances; and feeling certain that some of the nosodes, at least, are of value, however we may explain their action, we have attempted to settle the question of the utility of this substance.

Through the kindness of Dr. George Talbot, some artificially prepared *Urea*, chemically pure, was obtained from Germany, and raised in accordance with the rules of the British Homœopathic Pharmacopœa, to the sixth decimal trituration; the utmost care being taken, by use of new apparatus, &c., to present a perfectly pure and reliable trituration.

The committee then drew up and printed a series of rules for provers which we herewith present:

RULES FOR DRUG PROVING.

I. State ages of parents, if living, and if dead, at what age they died, and of what disease. State what disease, or diseases, of importance the person may have had, and if fully recovered, and any other facts calculated to influence the proving.

II. Keep a written record of all sensations and organic symptoms for three days or one week before proving, preserving it as an introduction to the "Day Book."

III. Make no change in diet or habits, except by avoiding all cosmetics or medicinal substances, and all excesses or unusual exertion; (if unavoidable, record them).

IV. Take one grain at a dose, and repeat every six hours, *until* symptoms appear; then omit all medicine until no more symptoms are observed, and then repeat as before.

V. Record in Day Book: 1. Age, temperament, character, tendencies, &c., of prover. 2. Time of year, weather, &c. 3. Time and amount of medicine. 4. *All* symptoms which appear after taking the drug, subjective and objective, defined as clearly and carefully as possible, as to locality, character and modifying conditions; recording also, if desirable, opinion as to reliability, &c., of symptoms observed.

Follow these rules strictly, or do not prove.

CHAS. L. NICHOLS,
J. HEBER SMITH.
H. M. HUNTER.
} *Committee on Mat. Med.*

Mass. Hom. Med. Society, 1882.

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As will be seen, it has been our aim to simplify these rules, as far as possible, in order to attract as many as might be, and, at the same time, to make allowance for all shades of belief, for we greatly need co-operation, — unity of work. A most elaborate scheme of provers' rules was published, in 1853, by the American Provers' Union of Philadelphia, and another plan was presented to the American Institute by Dr. J. P. Dake, in his valuable article on the subject of drug proving; but for our purpose the rules just read seemed to be sufficient.

About twenty provers, the attempt being made to interest all forms of opinion, were then selected, pledged and supplied with the drug previously prepared.

The reports from these provers, some of whom it is known to the committee, all of whom we expect have conscientiously followed out the rules, are of a negative character in every case but one, and, in this, the symptoms are so vague and general that the conclusions have no practical value. The labor of your committee, then, has been productive of no result; it may be from an injudicious choice at the outset: but, at least, it was not from want of earnest work, nor was it from a desire to diminish the importance of this bureau.

It may now be not improper to speak of the greatest obstacle to success which the committee had to encounter, — indifference on the part of physicians to the importance of proving.

Among the excuses offered, the most frequent is want of time, or complaint at the short time given by the society to this bureau.

In looking over the *Materia Medica Pura*, it will be found that, in a period of sixteen years, Hahnemann proved thirty-nine new remedies, and enlarged the pathogeneses of twenty-two already presented in the *Fragmenta de viribus*. In every case but three, he presented symptoms from provings upon himself as well as his followers; and the conclusion must be, that three or four drugs were proved by himself yearly during this period of active work in teaching and practice. While now we have not the experience of Hahnemann, nor his fine

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power of observation, it ought to be possible for the two hundred members of this society to accomplish good work in this direction during the six months allotted to this bureau.

Another argument used is want of the proper condition of health for this undertaking. This argument ought, perhaps, to be omitted, as it may contain a covert slur upon the efficiency of our practice; but the reason is a good one, and it was because of this natural condition that the second section was placed in the list of Rules for proving. No one, when carefully observing himself, will be found in complete health; but these conditions being carefully noted, the proving need not be delayed for such a reason until the millennium of perfect health.

The real argument seems to be want of experience and lack of interest. As to the former, practice only can do away with it. As to the latter, it is an argument unworthy of those who call themselves Homœopathic physicians. The keystone in the arch of Homœopathy is the proving of drugs. It greatly redounds to the advantage of the observer by developing his power of observation, and hence the selection of the remedy, and, at the same time, it purifies, enlarges, and places on a sounder and more enduring basis the principle, "*Similia similibus curantur*," which ought to be universal.

The great majority of educated physicians are to-day looking towards us, and asking, What have you to show us?

If now a concise, definite, and accurate series of provings existed, the answer would be plain and the method easily become popular and widely diffused.

It is my firm belief that the quickest and most permanent cures can be made only by the single remedy, the potency varying according to the experience of the practitioner; this remedy being selected according to the most careful observation and comparison of the totality of symptoms in the case presented. But the majority of practitioners are either too busy, or too indolent, to labor carefully and conscientiously over each case to find the similar remedy. Even in our own ranks we too often neglect this, and hence our school will

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never, under its present conditions of inaccurate and diffuse pathogeneses, become popular, nor will its principle be universally employed.

The only remedy is to prove — prove in a reasonable, careful, scientific manner. We have the true law and ought to be able to establish and spread this truth by our works. If this is not done, the answer to the question, "What shall we do with the Homœopaths?" will be given by ourselves, by our disappearing from the field and relegation to the realm of follies and mysticism, which was predicted of us forty years ago, by Dr. Oliver Wendell Holmes.

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PUBLICATIONS

OF THE

MASSACHUSETTS

HOMŒOPATHIC MEDICAL SOCIETY.

1883.

VOLUME IX.

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FAYETTE COURT, 603 WASHINGTON STREET,
1884.

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PROCEEDINGS

OF THE

FORTY-THIRD ANNUAL MEETING,

APRIL 11, 1883.

THE Forty-Third Annual Meeting of the Massachusetts Homœopathic Medical Society was held in Union Hall, Boylston Street, Boston, Wednesday, April 11, 1883.

MORNING SESSION.

The Society was called to order at 10.30 A.M., by the President, A. M. Cushing, M.D., Boston. Prayer was offered by the Rev. O. A. Brown, of Boston.

The records of the semi-annual meeting of the Society, and those of the meetings of the Executive Committee were read by the Secretary and approved.

The following candidates approved by the Censors and recommended by the Executive Committee, were elected to membership: —

T. M. DILLINGHAM, M.D., Boston; HOWARD A. GIBBS, M.D., Westfield; A. A. KLEIN, M.D., Boston; MARY F. MCCRILLIS, M.D., Boston; G. R. SOUTHWICK, M.D., Boston; WALTER H. WHITE, M.D., Boston.

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The Treasurer, H. C. Clapp, M.D., Boston, submitted the following report:—

Massachusetts Homœopathic Medical Society in account with H. C. Clapp, M.D., Treasurer, for the year 1882–83.

Cr.

By cash in Treasury, April 12, 1882 . .	$592 10	
By cash collected during the year . .	995 00	
		$1,587 10

Dr.

To cash paid for running expenses . .	$538 92	
To cash balance in Treasury, April 11, 1883.	1,048 18	
		1,587 10

The Auditor, O. S. Sanders, M.D., Boston, presented the following report: —

"I have examined the books and accounts of the Treasurer, and find them correct."

O. S. SANDERS, M.D., *Auditor.*

Dr. H. C. Clapp offered the following amendment to Article XXV. of the By-Laws: "Substitute the word 'three' for 'five,' so as to read, 'every member shall be assessed annually *three* dollars,' etc."

COMMITTEE ON OBSTETRICS.

Papers as follows: —

"Dystocia," E. P. Scales, M.D., Newton. (I.)

"Puerperal Septicæmia and Antiseptic Midwifery." H. E. Spalding, M.D., Hingham. (II.)

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COMMITTEE ON VACCINATION.

Paper on Vaccination. By I. T. Talbot, M.D., Boston. (III.)

Paper on Dr. Martin's stables and those of the New England Company. By J. T. Harris, M.D., Boston. (IV.)

Dr. A. J. FRENCH, Lawrence, made some remarks in regard to the methods pursued by Dr. Kimball, of Andover, in procuring and preparing virus. He has no bovine establishment, but has healthy heifers vaccinated at the various farms in his neighborhood. The points are carefully protected from atmospheric air by being put in sealed tin vessels; these vessels are then put in glass bottles, and the bottles in a can kept in a cool place. The virus has given great satisfaction in Lawrence, where it has been used in city work. Dr. Talbot thinks that a more thorough investigation should be made than the Committee have had time to do.

Dr. C. H. WALKER, of Chelsea, spoke of the establishment of the New England Vaccine Virus Company. Every precaution is taken to insure cleanliness. The proprietor thinks adult animals are better than young ones. Dr. Walker thinks the Committee should have more time.

Dr. W. B. CHAMBERLAIN, of Worcester, had some experience several years ago with virus from Boston; he vaccinated seven children, and all had the itch. He mentioned several cases which had resulted badly. Has had good virus from Dr. Martin, and also from the New England Company.

Dr. WOODS, of Boston, reported that he had made

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several thousand vaccinations for the city of Boston with virus from Dr. Martin; never had any bad results.

Dr. MOOR, of Haverhill, had an experience with itch following vaccination. In 1872, he was City Physician of Haverhill; vaccinated six or seven hundred individuals with virus from the New England Company; had no bad results. Uses bovine virus altogether.

Committee was continued.

The President, Mr. A. M. CUSHING, of Boston, next delivered the annual address.

DELEGATES.

Dr. M. C. PINGREE, of Portland, was present as delegate from the Maine Society, and Dr. H. C. HOUGHTON from the New York Society. Remarks were made by each.

Dr. C. H. BURR, of Portland, Me., and Dr. Jos. CHASE, Jr., of Concord, N.H., were present, and addressed the Society.

Adjourned at 1.20 P.M., for lunch.

AFTERNOON SESSION.

The Society was called to order at 2.15 P.M.

Committee on Legislation had no report to make and asked to be discharged. Granted.

COMMITTEE ON EDUCATION.

A paper was read by the Chairman, Dr. N. R. MORSE, of Salem, which embodied the views and feelings of Massachusetts physicians and others, as to the

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management of the Boston University School of Medicine. After some discussion, the paper was referred to the Committee on Publication.

ELECTION OF OFFICERS.

The following were elected to the several offices: —

President, H. E. SPALDING, M.D., Hingham; *Vice-Presidents*, J. L. COFFIN, M.D., West Medford, M. P. WHEELER, M.D., Dorchester; *Corresponding Secretary*, J. W. CLAPP, M.D., Boston; *Recording Secretary*, H. A. CHASE, M.D., Cambridgeport; *Treasurer*, H. C. CLAPP, M.D., Boston; *Librarian*, A. J. BAKER, M.D., Boston; *Censors*, H. L. CHASE, M.D., Cambridgeport, L. WHITING, M.D., Danvers, E. P. COLBY, M.D., Wakefield, ANNIE E. FISHER, M.D., Boston, J. T. HARRIS, M.D., Boston.

COMMITTEE ON DISEASES OF CHILDREN.

Papers were presented by the Committee from Drs. SHERMAN, FLANDERS and MANNING, which were read by title, and referred to the Committee on Publication.

"A Case of Diphtheria." By J. H. SHERMAN, M.D. (V.)

"Two Cases of Scarlatinal Nephritis." By M. J. FLANDERS, M.D. (VI.)

"A Clinical Case." By STELLA MANNING, M.D. (VII.)

COMMITTEE ON CLINICAL MEDICINE.

Papers were presented from Drs. STURTEVANT, JAMESON and LESLIE; read by title and referred to Committee on Publication.

"Clinical Case." By CHAS. STURTEVANT, M.D. (VIII.)

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"Subinvolution of Uterus." By R. E. JAMESON, M.D. (IX.)

"Ingluvin in Vomiting of Pregnancy." By F. D. LESLIE, M.D. (X.)

The Committee on Homœopathic Insane Hospital reported favorable progress through its Chairman, I. T. TALBOT, M.D., Boston. (XI.)

The following amendments to the By-Laws were adopted:

To Article VII., add: "The Recording Secretary shall receive fifty dollars annually, as a compensation for the labors and duties incumbent upon the office."

To Article VIII., add: "The Treasurer shall receive fifty dollars annually as a compensation for his services."

Adjourned at 4.10 P.M.

Attest: HERBERT A. CHASE,
Recording Secretary.

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I.

DYSTOCIA.

E. P. SCALES, M. D., NEWTON.

THERE are many forms of *difficult* labor, depending upon various causes and conditions. I will now specify only one, which occurs rarely, from the unusual size of the head of the fœtus, or more rarely from the narrowed pelvic diameters.

My rule in the management of labor, is *not to interfere with the operations of nature* only as far as is *necessary.* In making the first examination, soon after labor fairly commences, not only the presentation can be ascertained, but the size of the pelvic cavity, and the consequent room for fœtal delivery. At the same time, if the os uteri is open a little, some assistance may be given during a pain, to dilate the os with the finger ; and truly fortunate is the accoucheur who is ambidextrous and can use either hand as circumstances require ; but meddling accoucheurs are apt to make too frequent examinations, in the early stages of labor especially. As labor progresses, or, from the time elapsing, may be presumed to have progressed, another examination will be made, and the size and hardness of the fœtal head be ascertained. If the physician is self-possessed and prepared for any emergency, labor will ordinarily progress and terminate without the need of instruments, which should not be resorted to without waiting a reasonable time for nature. But if assistance with instruments is necessary, they should be used before the strength and courage of the patient is exhausted. I am accustomed to apply instruments carefully *during a pain,* without using an anæsthetic, which I always avoid if possible, and may say, that of the hundreds of obstetric cases I have had in the last twenty-five years, I have not lost a woman in confinement or in consequence thereof. It is necessary to keep the confidence of your patient at any

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rate. Perhaps I can best illustrate my subject by relating a case in point.

Last October, 25th, I was summoned by telephone, at 3 A. M., to Mrs. R., a primipara, about two miles away. When I reached the patient she had been in labor about two hours, and had gone about two weeks over the expected time, but had been quite well during her pregnancy.

Everything was normal except that she was very large. She was a little above the medium size, light hair, and eyes blue, leucophlegmatic temperament, and less nervous during pregnancy than usual. I found a vertex presentation, and, as far as could then be ascertained, a fair chance for successful delivery. I waited and assisted till about 9 A. M., when, from thorough examination, I became satisfied that I had a case of difficult, perhaps complicated, labor, and decided to apply instruments, which I did at the superior strait, without much difficulty, and worked faithfully for an hour or more. I then decided to have more help, as I had made scarcely any progress, and the instruments had slipped off two or three times. I obtained the assistance of a neighbor, and we worked for about an hour. We then decided to have more help, and about 3 P. M. a physician arrived from Boston. We tried the three different styles of forceps, and after a number of failures, from all kinds slipping off, we finally succeeded, — about fifteen hours after labor commenced, — in delivering a *still-born*, male fœtus, with a very large head, measuring fifteen inches in circumference. (Both parents have large heads.) Of course, the mother was ruptured, even into the anus, including nearly three inches of the rectum. Three stitches were taken in the rectum, and as many in the perineum. The sphincter and rectum united, but the perineum did not, and the patient made a good recovery. From extra care at the time and afterwards, there was less hemorrhage than would have been expected. There was some sloughing; and I used, freely, diluted Calendula, and also Carbolic Acid. Now, in this, the severest case that I ever had, it was almost impossible to bring the fœtus through the passage, on account of the size and hard-

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ness of the fœtal head, and it was only accomplished by the exercise of great strength and skill; moreover, if vigorous measures had been deferred until the strength of the patient had been wasted, the probability of saving her life would have been much lessened. In fact, the only alternative that presented itself to me was the Cæsarean operation. Ether was only used during the last hour of applying instruments, and none during traction. The husband (who was present all the time) was Allopathic, and two of his most intimate friends were Allopathic physicians. But from beginning to end naught but satisfaction was expressed in regard to the management of the case.

II.

PUERPERAL SEPTICEMIA AND ANTISEPTIC MIDWIFERY.

H. E. SPALDING, M. D., HINGHAM.

THE condition of septicemia is ordinarily looked upon as a toxemia, resulting from some foreign and poisonous matter being taken up into the circulation. In contradistinction from pyemia, Koch calls all cases of toxemia where metastatic deposits do not occur, septicemia, and where such deposits do occur, pyemia. To prove the correctness of this distinction he asserts, as do some others, that the microscope never, or hardly ever, reveals bacteria in the blood of septicemia, while they are always present in that of pyemia. Simple traumatic or surgical septicemia may be thus briefly defined, but puerperal septicemia may be this, but it is always something more. Here the term septicemia must be used in its broadest and most liberal sense. It must present to the mind a long train of conditions and modifying circumstances that do not pertain to ordinary septicemia. The physiological changes incident to gestation lay a train that requires but a spark of sepsis to light the fires of destruction. Gestation

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taxes the vitality, and calls into increased activity all the functions of the body. It is a condition of high nervous and vascular tension. There is now going on a process of construction to be followed, during parturition, by a process of demolition. The heart, the liver, the spleen, and even sometimes the bones, undergo changes in structure which, in other conditions would be deemed pathological. It is assumed in the light of modern research, and with strong probability of fact, that every organ, yes, every tissue and fibre, every drop of blood undergoes some change: is in some degree affected by the condition of gestation. In the blood, however, the most marked changes are wrought. There is an increased proportion of water, of fibrin and of white corpuscles and a decreased proportion of red corpuscles and albumen. Here is a condition of blood poverty; of actual anæmia.

The fatigue and hemorrage incident to delivery are factors that still further impoverish the already devitalized blood. it is in a condition most favorable for the reception and ferment of any outside contagion or sepsis. The conditions, then, being present in a greater or less degree in all gravida, we have now to discover the various ways in which the morbific elements may be developed or introduced into the circulating fluid. The most diligent chemical and microscopical research has been unable thus far to detect any specific, distinct or morbid element, germs of sepsis peculiar to septicemia alone.

Some foreign, noxious element enters the circulation and the conditions favor the development of a certain class of symptoms. That element may be one of many supposed distinct poisons that, under other circumstances, develops widely different trains of symptoms. This we shall see as we continue. As already remarked, gestation is a process of construction. Not the construction of a new and independent being alone, but an increase of maternal tissue in several organs, more especially the uterine. Delivery having been accomplished, these newly developed tissues have completed their mission, and the process of demolition begins.

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The waste matter resulting from this disintegration of tissue must in some manner be expelled from the system. Such as does not find its natural exit in the lochial discharge is taken up into the circulation to be so modified by the liver and lymphatics as to render it in a condition to be easily eliminated by the emunctory organs: the lungs, kidneys and skin. Hence, if for any cause, the lymphatics or liver fail to perform their duties of purification, or the kidneys, skin and lungs theirs of elimination, we have the blood loaded with waste-matter, in itself poisonous, as much as in the eliminated urea of Bright's disease. This retained waste matter may, unaided, produce a marked septicemia.

This we shall class as a first cause of septicemia; or, simple self-empoisonment. A second cause is the absorption of poisons attending the lochial discharge.

This enters the system through a breach of continuity of surface in some portion of the parturient canal. At one time it was believed that the entire uterine cavity presented an absorbing surface which might readily take up a morbid element. In short, it is now claimed by some, that the entire utero-vaginal mucous surface may absorb morbific poison to result in septicemia as well as a specific poison to result in syphilis. This, however, remains as yet an open question. That a breach of continuity pertains to all cases, as a result of delivery, no one questions. There is on the intra-uterine surface the exposed site of placental attachment. There is a more or less lacerated condition of the cervix. The bruised condition of the vaginal mucous membrane, Dr. Robert Barnes says, "is an open gateway for the entrance of poison." The head in being forced through the canal, not only by enormously distending the mucous membrane, but by dragging it along with it, under the influence of friction, in some degree, separates it from the submucous tissue and lacerates some of the connecting blood vessels. Hence, in autopsies performed within the week following labor, we find extensive ecchymosis around the cervix uteri and along the vaginal canal, and frequently extravasated blood and serum in the connective tissue. In from two to four days the crushed

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epithelial layer of the mucous membrane is exfoliated, and we have a fresh, raw surface for the absorption of poisons. A rupture of the fourchette or perineum, of greater or less extent, even a simple tear or abrasion of the mucous surface at that point, doubtless, often proves an avenue for the entrance of contamination. These avenues for the entrance of sepsis remain open for a longer or shorter time, according as the process of repair is more or less delayed. If there be prompt and perfect coaptation of the lacerated surfaces, or healthy granulation springs up, an effectual barrier is provided. It is an acknowledged surgical fact, that "'a granulating' surface is not an absorbing one."

Without doubt, the fact that the process of healing usually becomes established before the discharges become purulent, accounts for the general escape of the parturient woman from the dangers of septicemia. Here, again, a condition of ill health, by causing a delay in the reparative process, is a direct element of danger. The sources of contamination by absorption are two-fold. It may come from within or from without. It may be of her own creation, or derived from some source foreign to her own body. The material for self-empoisonment may come from any suppurative process going on in the organs of generation. As, for instance, from sloughing of any portion of the parturient track, as a result of continued pressure in difficult or delayed labors, or of other mechanical injury to the maternal soft parts. The process of decomposition may have been already present from some morbid condition, as in carcinoma. More frequently, however, it is derived from the decomposition of matters that have been improperly retained in the uterine cavity, as of portions of the placenta or membranes, or of clots. Air gaining access to these substances through the vaginal canal, a process of decomposition is set up, resulting in offensive discharges loaded with septic matter. Decomposition of the lochia may produce a like result.

These we will class as a second form of self-empoisonment. These poisons do not act alone, but in connection with, and in addition to, that resulting from imperfect elimination of

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the waste-matter arising from the disintegration of tissue, which has been taken up into the circulation.

Whatever poison is taken into the circulation, whether it be septic matter or not, it interferes with and obstructs the normal actions of the various emunctory organs. The purification demanded as a result of disintegration of tissue, and the absorption of the waste-matter, is obstructed. This second form, then, is not simple, but compound self-empoisonment. The puerperal woman is liable to the invasion of septic poisons that do not pertain to the lochial discharge, nor are they poisons of her own creation. Contagia and sepsis, foreign to herself and of diversified character, may enter the system through these same abrasions of surface, and develop the full train of the symptoms of septicemia. They may some of them find entrance to the system in the ordinary manner, by inhalation and absorption, through the mucous surfaces, or in the food and drink taken.

The poison of decomposition from the dissecting-room or autopsies, from dressing some purulent wound or sore, or from other morbid action, may be introduced by the finger of the obstetrician used in the examination. The sponges, linen, syringe and other articles pertaining to the service of the lying-in-chamber, may be vehicles for the carrying of like poisons to the abraded surfaces of the genitals. The impoverished blood of the puerpera, with its burden of waste-matter, presents a medium especially adapted to the development of the various zymotic diseases. Variola, typhoid, erysipelas and scarlatina, are to her especially contagious and virulent in their action.

Having previously had the disease, she may, if exposed, have enjoyed full protection while the various organs of the body performed their functions normally. The contagium, if inhaled or in any way absorbed, meeting the remains of the old invasion, and finding the blood in a good, vivifying condition and the various emunctories in perfect order, was promptly eliminated.

But now the blood is in a most favorable condition for the development of a ferment. The excretory organs are

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obstructed or overtaxed, and the work of contamination is done without "let or hindrance." We do not, now, meet the zymotic disease pure and simple; neither do we septicemia. The zymosis may not develop after its ordinary manner its peculiar train of symptoms.

Its development is modified, somewhat, in character by the elements with which it has to deal. Generally, its virulence is increased. Dr. Braxton Hicks relates "that out of sixty-eight cases of puerperal disease seen in consultation, no less than thirty-seven were distinctly traced to scarlatina poison."

Of these, twenty had the rash, characteristic of the disease; but the remaining seventeen, although the exposure to the contagion of scarlet fever was clearly proved, showed more of the characteristic symptoms of the disease, and could not be distinguished from ordinary puerperal fever. When we consider the fact that many cases of surgical pyemia have, beyond question, been caused by exposure to this same contagion, it is no work of the imagination to believe that these seventeen cases of septicemia were also the direct result of exposure to scarlatina poison. Whether the channel of absorption modifies the character of the disease, is a point yet to be proved. It is possible, however, that when the zymotic poison is taken into the system by the ordinary channels, it shows its usual characteristics. But if taken into the circulation through some breach of continuity of surface, as in surgical operations, or in lacerated genitals of the puerpera, it assumes more the character of septicemia.

Another outside source of septicemia is found in the absence of good sanitary surroundings. A miasm that is capable of producing a zymotic disease in an ordinarily conditioned body, may produce septicemia in the puerpera. This and the former statements concerning the direct contagium of zymotic diseases, go far to substantiate each other. An interesting case occurred in my own practice which seems to present no question of doubt as to cause. It is, perhaps, worthy of brief record.

The period of pregnancy had been reasonably free from the troubles and annoyances incident to gestation. The

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delivery was normal and easy, and no sign of trouble or impending danger manifested itself until forty-eight hours subsequently. Then, with a severe chill, there developed all the initiatory symptoms of a severe attack of puerperal fever. By prompt and vigorous treatment the force of the fever was soon broken, and she had nearly regained her health, but not strength, when a five-year-old boy, who had come into the room to sleep, and, now that the baby was there, spent most of the day there also, was taken ill with a well marked attack of diphtheria. The husband also had a slight attack of the same.

The baby had already begun to show signs of illness. There was no indication of throat trouble, but rather the debility and gradually wasting away of marasmus. The mother soon came down with a severe attack of diphtheria. She was at once removed to another room. The disease left her with partial paralysis of the larynx and legs, from which she but slowly recovered. The babe, meantime, occupying the same room in which it was born, and in which the other cases of disease had developed, steadily grew worse, and died. With the development of the diphtheria, a thorough search was made for the cause of the infection. The house was new and presented an air of elegance.

The drainage was perfect; the ventilation good; the water undefiled. All the pipes to the sinks and bowls were thoroughly trapped. The bathroom adjoined the sick room, but there was no odor, and as regards plumbing and all other matters it seemed in as perfect a sanitary condition as is possible for a bathroom to be. The cause was sought for in vain. Not long afterwards a peculiar odor was noticed in the closet of the chamber. It was recognized as like what had been perceived, but had not been mentioned to me, in the opposite corner of the chamber, farthest remote from the bathroom and near the child's crib.

Suspecting dead vermin in the walls they made a thorough search and discovered it all came from an imperfect joint in the plumbing. It being repaired, all odors and sickness ceased. I have no question of doubt, that the puerperal

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septicemia was as much the direct effect of sewer gas, as were the cases of diphtheria and marasmus.

Mental disturbances may be the immediate cause of blood poisoning. The demoralizing effect of sudden and strong emotion on the secretory and excretory organs in other conditions of the body, is well understood and acknowledged. Where, then, the well-being of the puerpera depends so largely upon the most perfect functional action of these same organs, it is not too much to believe that a disturbing emotional element may so break the harmony and balance between disintergration, absorption and excretion as to leave the blood so surcharged with waste matter as to develop the primary form of septicemia. Some forms of puerperal fever are contagious and communicable from one puerpera to another through the medium of the attendants, and other like ways.

This may, perhaps, account for some of the endemics that have been observed. I cannot think, however, that there are not other causes of a climatic or other like nature, not yet discovered or understood, that in certain seasons and regions cause child-bearing to be attended by unusual hazard.

From my own experience and from general report, the spring and summer of 1881 presented such a peculiarity in the region within a radius of thirty miles of Boston. Certain it is that I never, in any one other year, have seen so much and such a variety of evils assail my cases of parturition as in that. I am unable to give statistics, but from the many reports of sickness and death that reached my ears I concluded that I was not alone. I took unusual care to guard my patients against accident, but some evil was quite likely to develop. At such times I do not think that the fact that a physician meets several cases of septicemia and other like complications, in his practice, should lead one to infer that he had, unwittingly, been the vehicle for carrying the infection from one to another. To illustrate: I had a severe case of puerperal septicemia under treatment. I took every precaution to thoroughly disinfect myself after each visit, by bathing face, hands, hair, and almost daily, the en-

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tire body, with carbolized water, and changing every particle of clothing. The supposed contaminated garments were kept in a strongly carbolized closet until my next visit, when they were put on to be again removed before visiting other patients. During this time I attended two cases of labor in one day — going directly from one to the other. The third day I was hastily called to one of them who had had a sudden and severe chill followed by intense fever. Pulse too rapid to be counted accurately, but not less than 170. Temperature 104. I did not dare visit my other patient, but sent a messenger to inquire concerning her, and to say that I was very busy and should make no more visits unless necessary. Should she, however, have the least chill or any other trouble I must be at once notified. I determined that if she, too, had puerperal fever, I would not, for a season, attend any more cases. She went through the period of parturition with no unusual troubles. The next day, on my return to to my office, I found an urgent call had been waiting for me for some two hours, to attend another lady in confinement. I hoped they had been forced to call some other physician. Not daring to go myself, I sent to inquire, and to say, that if they had called another he had better continue with the case, as I had come from a contagious disease, and should be delayed by having to disinfect before I should dare expose her family. Fortunately, for my repose of mind, another physician was in attendance; continued in charge of the patient, and after three days she, too, was attacked with puerperal fever. I concluded from this and other circumstances, that I was not personally responsible for the evils that seemed, for a time, to be almost epidemic. Nevertheless, before the year closed I came to answer those calls with fear and trembling.

To briefly summarize, then, we may classify the several forms of puerperal blood poisoning under three heads:

1st. *Self-empoisonment, resulting from the waste-matter of disintegration of uterine and other superfluous tissue not being properly eliminated.*

2d. *Self-empoisonment, from the absorption through abraded*

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surfaces of septic matter found in the lochia, the result of decomposition within the uterine cavity or vaginal canal.

3d. *Empoisonment by absorption of foreign matter.*

The first or simple form of self-empoisoning, from deficient elimination, is not infectious from one to another. The second, doubtless, is. Discharges that are capable of poisoning the woman herself, are also capable of poisoning another. The third is surely so.

The general symptomatology of the developed disease and its remedial treatment, it is not my purpose in this paper to discuss. I propose, rather, to consider what prophylactic treatment may be adopted as a safeguard against the invasion of the disease, — such treatment as is suited to domestic rather than to hospital practice. The object aimed at may be briefly stated. *Keep the enemy out!* One of the most important factors in the protection against the entrance of septic poison, is a healthy organism.

The functions of digestion, assimilation and excretion should be normally performed. Unfortunately, according to the present custom, the medical attendant sees little or nothing of his patient until the hour of delivery and danger is at hand. He must then accept the responsibility as he finds it. One or all of these most important functions may be imperfectly performed. The constitution may be broken and weak. Here he will not wait for the development of other evils, but will at once direct his attention to setting into healthy, regular action, the diseased organ or organs, whichever it may be. He will resort to such medicinal treatment as the individual case may demand. A most important element of protection, as well as of restoration, is found in a judicious selection and supply of healthy and nutritious food. The exhaustion consequent to labor demands for the body a day or two of rest. In a degree, the digestive organs share the fatigue. Hence, giving gruel to the dogs, the patient should have good, nutritious food, and at the same time such as is easily assimilated. According to her condition, she should have for the first day or two, broth, beef-tea, eggs, perhaps a small piece of tenderloin steak, toast, oatmeal or

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rye mush, etc. The quantity taken at one time should be moderate. Gradually more hearty food may be added and the quantity increased.

The injunction to keep out the enemy, at once suggests the importance of keeping the uterus so firmly contracted that when once emptied, as it should have been with the proper completion of labor, clots can not again form and be retained until decomposition sets in. Here the full oxytocic dose of ergot may be used to good advantage. It causes a tonic contraction which checks hemorrage; prevents after pains, and, removing the chief source of sepsis in the lochia, closes one door to the production as well as to the entrance of poison.

Under the regime of the past, it was the custom, about the third day, to look for a rise in the temperature, usually termed, milk-fever. It is now clearly established that ordinarily the fever and the secretion of milk are but coincidences, having little or nothing to do with each other. If the diet has been so directed as to avoid an undue secretion of milk, any rise in temperature is sure to be from some other cause. The explanation is briefly this:

For the first two days after labor the system is in a state of rest. Preparations are going on, but disintegration of tissue and absorption of waste matter hardly commences before the third day. Neither does decomposition of matter within the generative organs take place much before that time. If, now, we have a rise in temperature, it is probably septicemia from simple or compound self-empoisonment. If it develops before the third day, the poison is probably derived from some foreign source. The experience of Dr. Fancourt Barnes, in the British lying-in Hospital, goes to verify this theory of fever. Since adopting very thorough antiseptic safeguards, even to delivery under the carbolic spray, and keeping it playing in the wards most of the time, he hardly ever finds any rise in temperature during the entire lying-in period.

This theory suggests the importance of the early adoption of measures for keeping out the evil. After the careful

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attention to pre-existing abnormal conditions of the system, and to providing suitable and nutritous diet, other hygienic matters should be considered.

Good ventilation should be assured, but great caution should be exercised not to expose the patient to a direct current of air. A slight exposure of this kind, by checking the normal exhalations from the skin, may prove disastrous. Nothing better assures a good ventilation than an open fire on the hearth, should the season admit.

The clothing should be frequently changed. A sponge bath, with tepid water, in a warm room and without unnecessary exposure should be given once or twice daily. There should be fresh napkins, and a bathing of the genitals with carbolized water at frequent intervals. The bedpan, and all other like utensils, should be cleansed with carbolized water.

One of the most important measures to be adopted is, after the second day, to once or twice daily cleanse the vaginal canal and uterus with some antiseptic wash. Pure warm water will perhaps answer, but there can be little objection to a two per cent. solution of carbolic or sulphurous acid. Some prefer iodine to either. The temperature of the fluid to be injected should be about 105° Fahr.

A fountain syringe best answers the purpose for injection. With that the stream is steady and slow. The slightly elevated position of the hips on the bedpan will ordinarily cause the fluid to gravitate into the uterine cavity, and thus cleanse it without inserting the pipe beyond the os. Should, however, there develop symptoms of septicemia, the cleansing of the uterine cavity should be assured by introducing the pipe through the cervix. In this case, moreover, the water should be much warmer to correspond with the increased heat of the body. The water should be, when put into the syringe, between 110° and 120° Fahr. These injections should continue as long as there is any odor to the discharge, and, indeed, at intervals as long as any discharge continues.

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III.

VACCINATION.

REPORT OF THE CHAIRMAN OF THE COMMITTEE, I. T. TALBOT. M.D.

YOUR Committee can present little or nothing which is new on a subject which, in the past ninety years has received such wide-spread and careful study and observation from the profession.

Discovered in 1796, about the same time that Homœopathy was made known by Hahnemann, the results of both have been so satisfactory and so far-reaching, that it would seem a strange thing to find an opponent to either, and yet there are those who, through ignorance, prejudice, or bigotry, deny the truth as well as efficacy of Homœopathy, as others, for similar reasons, do that of vaccination.

The doubters and scoffers of homœopathy are rapidly and certainly diminishing; but in regard to vaccination there has of late years arisen a systematic opposition which, seizing upon its failures to completely protect from small-pox, and the occasional ill results produced by it, have seen fit to deny any efficacy whatever as belonging to it, and denounce it in the most violent and unreasoning manner. Even anti-vaccination societies have been formed for the purpose of so arousing the prejudices and passions of people, that they will resist and oppose all efforts on the part of government for their protection by vaccination. Undoubtedly every member of this Society has received more or less of this anti-vaccination literature, the character of which is such that a physician must be very weakminded, or very ignorant, to be influenced by it. A striking example of this kind of literature, which has recently appeared in the daily papers of Chicago and Boston, reads as follows:—

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VACINATION

The Grate increase of Disease in thease Late years Calls for Explanation Undoubtedly the Doctors of this Day is to Blame for very Much of it But more than anything Else in My opinion is the Inseartion into the Pure Blood and Vitle fluid of our Inosent offspring of that vile Diseas of the Animals cowpox So grate has the Curse Became that Privelidges of School Edication is Denide in this and Manny other States to Those who wisely Refuse to Submit to this Curse this is just a Peace of the Nonsensickal Medical teachings of the Day when Theory and Imangination Rool Instead of Practical Expearance and wich keaps its Studends in close Confinement a Big part of three or four years to hear the Nonsens which is thear peddeld out to them consumtion Siffles and Skin Disease Runn Wild among the People This calls for a Strong kick on the Part of our noble Proffession which should seak to Build upp the Health and Streanght of the People instedd of Planting the Seeds of Diseas in Them To Prove that Vacination Dont do no good we nead ondly to say that Thear has Been More Small Pox in this Place in the last year than thear was in the last Nineteen or Twenty year and morn deaths from it I neadnt say no more About a Thing that is so Plane to Eny thinking man or Woman Eather we should all Band ourselves togather in all Parts of the Country to Shut off this Cursed Practiss the People Should be tought Better But the Days is Cuming when Enlightenment will take the Place of Ignoranse and Prejudice and when that Time Comes these fannatics who live by Scaring People will hav to step aside and Vacination will not be Heard of any more

By V B KELLY

We give this for the purpose of putting on record the good specimen of anti-vaccination arguments, and also to show that there exists in Boston an institution, if such it may be called, chartered under the general laws of this State, and known as the Bellevue Medical College, which granted a degree of "Doctor of Medicine" to the writer of this thesis without requiring any attendance or examination at the College, or any further evidence of his attainments. A United States Commissioner, apparently ignorant of the wording as well as the spirit of the Massachusetts law, de-

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cided that the State had given to this "College" the power to confer just such degrees. Fortunately the Assistant Attorney General of our State, after a careful and thorough investigation, has reversed this decision. Let us hope that the action of the State Legislature will this day wipe from our Statutes the possibility of such bogus medical institutions as have disgraced our State by the assumption of chartered powers.

It is singular that in the same year, to Jenner, in England, and to Hahnemann, in Germany, such important discoveries should have been revealed, and by a course of reasoning not unlike. Hahnemann, in translating an article on Cinchona, was struck with the fact that it produced chills similar to those for which it was given as a specific remedy. Jenner was impressed with the striking resemblance to the small-pox vesicle of an eruption caused by inoculation in the human system of a disease known to occur in the cow, and queried if it would not protect from small-pox. Both observed and deduced from their facts general principles. It is not strange that the believers in Homœopathy should trace a close resemblance in the two principles, and claim them as identical, even though later observers have acknowledged a difference. The propagation of the vaccine virus through the human system, with undiminished efficacy, was rarely doubted through the first sixty years of this century; but when it was demonstrated that it could also be produced in unlimited quantity through cows and calves, this latter method became at once popular with the community, and to a large extent with the profession. The advantages claimed for the so-called "Bovine virus," are:

1. Its greater power and the greater protection it affords. That it does often produce greater sores, and severer constitutional disturbance is, perhaps, true; but that it affords increased protection against small-pox, is assumed, rather than proved.

2. Its greater freedom from contagion. That certain contagious diseases, syphilis for example, may be transmitted from one person to another by inoculation of the specific

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virus, is well understood; that the blood of a person in an acute stage of this disease may also communicate it, is well substantiated; but it is not proved that the blood in a latent form of this disease, or where it does not exhibit any active symptoms, contains any transmissible poison. Still less is it known that the virus of the vaccinia eliminates or contains any such poison. Again, were it possible to convey disease from one system to another by means of vaccine virus, are there not many diseases to which the bovine race are subject, some of which are highly contagious in character?

It is, then, by no means certain that bovine virus is safer than that procured from well-selected children.

3. Its greater convenience to the physician.

This is fully conceded. It is, of course, much easier to procure, from a practically inexhaustible supply when needed, as much as you require.

Whether the advantages claimed for "bovine virus" exist or not, certain it is, that within the past twenty years it has, in this part of the country, at least, largely displaced the so-called human virus, until it has become a regular article of production in certain establishments, until the "points" are furnished by thousands, and "scabs" in numberless quantity. That many of these are reliable and carefully prepared, there is no doubt. On the other hand, the chance for gross carelessness in preparation, and the danger of mixing pus, blood and foreign matter with the virus, or of its dilution and inert character in case of great demand, as in time of an epidemic, when it is of the greatest importance that it should be pure and reliable, would indicate that government, which renders vaccination and revaccination compulsory, should throw around it all the safeguards possible. As we have inspectors of fish and inspectors of flour, as our slaughter-houses and various manufactories are obliged to conform to law in their methods, ought not so important a matter, as the production and dissemination of vaccine virus, to be regulated and controlled by suitable laws? At the last session of our National Association the following resolution was adopted:

Resolved, That the American Institute of Homœopathy,

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fully realizing the importance of the use of pure vaccine virus for the prevention of small-pox, and the danger of allowing the unrestricted production and sale of *bovine virus*, would call upon our National and State governments to exercise some supervision of this subject, either by the establishment of an institution for the production of vaccine virus, or by the exercise of proper control [or inspection] of such institutions as are already established."

Your committee would suggest the advisability of establishing some safeguards, by the State, to so important a subject.

To various members of this committee, has been assigned the duty of investigating and reporting upon some of the vaccine establishments in this State; but your committee feel that more time and investigation should be given, to determine the best methods of propagation and dissemination of virus.

IV.

VACCINATION.

J. T. HARRIS, M. D., BOSTON.

MR. PRESIDENT, — The duty devolving on the committee on vaccination, was to obtain facts in regard to the production of vaccine virus, its reliability, and the method or methods of obtaining the same. With this end in view I visited the stables of Dr. Henry Martin, situated in Brookline, Mass. The doctor being away at the time, I was conducted through the buildings by Mrs. ——, his man's wife, who seemed well versed in the details of the business — answering my questions frankly.

The main building or stable is quite large — about fifty feet long by forty wide. It is situated on the slope of the hill, thereby obtaining in the rear two stories and a French roof, while in front there is but one story and French roof. The first floor from the front is divided into two rooms.

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One, the operating-room, furnished with three tables, the frames of which are very firm ; the tops are about four feet wide by five long, and are connected to the frames by stout hinges, by which the top is raised, and to appearance, stands on its edge on the floor. It is also supplied with straps and buckles, by which the heifer is made fast to the table-top. While in this position, on turning the top down, the calf is gently lifted from the floor without fright or hurt. The room below has thirty stalls for the vaccinated, and a large pen for new arrivals. The second building is but one story high ; floor about thirty by forty feet, divided like the first — twenty stalls and large pen. This stable has not been used much this winter, as the call for virus has not been as large as in former years, the demand from New England the past season having been very light. The facilities for increasing the business in case of need are adequate to any emergency.

There were twelve or fourteen calves in the stable, the day of my visit, which I carefully examined. Some had been vaccinated but a day or two, while others were ready for charging the ivory points, which is usually done on the seventh to the ninth day.

A few days after this visit I received a note from Dr. Martin, inviting me to be at the stable on a day named, to see and examine fully the process of charging the points. This invitation I gladly accepted ; and on my arrival at the stable on the appointed day found the Doctor at work. Two calves were on the tables — one being vaccinated, and from the other ivory points were being charged. Both calves were quiet — no struggling, as if in fear or pain — occasionally a slight movement, indicating a desire to change the position.

The preparation for vaccinating is as follows : The calf, secured to the table, the hair is shaven from the groins and from the undeveloped udder, also from the buttock, half way to the hock. The hair is removed an inch or two from the points of vaccination for cleanliness.

Dr. Martin makes from sixty to eighty distinct vaccinations, and in return obtains from five hundred to twenty-four

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hundred points from each animal. Now and then they take no virus from a calf, as the pustules are not satisfactory.

One would suppose with so many pustules averaging in size, when fully developed, a twenty-cent piece, that the calves would be quite sick, but the doctor assured me they were not; they usually feed well through the run of the disease, the temperature seldom rising over two degrees.

Dr. H. Martin, in 1870, introduced the Beaugency Stock into this country. For some years previous he had supplied the profession with humanized virus, and to him belongs the honor of first propagating animal virus in the United States, although it is said Dr. Cutter, of Woburn, vaccinated heifers with humanized virus previous to this time, and supplied physicians with quills charged from the same.

Dr. Martin also imported the Esnau Stock propagated by Dr. Warlamont, of Brussels. He has also the Cohasset stock, so called, obtained in 1881 from a cow on the farm of Mr. L. Cushing, at Cohasset, Mass.

The three named stock he endeavors to keep distinct; to do so, strict record of every vaccination is made, ready for reference when needed, the virus from each numbered, and marked with date of month and year.

Calves only are used by Dr. Martin for the propagation of vaccine virus. On asking why, the reply was, "There is less danger of pleuropneumonia."

He prefers those under ten months, rather than older ones. It is the doctor's desire to supply the profession with pure vaccine virus, and to this end he spares neither expense nor trouble.

I also called upon Dr. Cutter, of Chelsea, in the month of March. As he was not at home, I was not admitted to the stables of the New England Vaccine Virus Company until the doctor's return in April. I then visited the stable with him, which is a large wooden building, two stories high, the lower part occupied at this time by six cows, from two of which, ivory points were being charged. There were no operating tables. The cows were standing in stalls, and two men were

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busy charging points with the virus, the animals standing quite still during the time.

The chamber over this is in one large room, to which the ivories are carried after being charged, where they are dried, packed, and from which they are shipped when ordered. There are a number of desks in this room, where those having charge attend to their respective duties. The doctor informs me that he has another stable near by, where in busy times he keeps as many cows as he may need. He has facilities for doubling his business at any time. The business here the past season has been light from New England; but large quantities of virus have been shipped South and West, also to South America. The arrangement of the premises is very different from Dr. Martin's, yet all is in good working order, and well adapted for a successful business.

One of my first questions was, "Why do you use only cows and not the heifer?" His reply was, "We have a stronger lymph and one more sure in its action." The process of vaccinating is also different.

The hind-quarters of the cows are cleanly shaven, making a space, about three or four inches wide by ten to twelve long on either side; this is the place Dr. Cutter uses. Over this space, scarification is made, I should think quite deep, in patches as large as a silver dollar, quite near together. From the seventh to the ninth day the whole surface looks like one confluent mass of pustules, from which the lymph discharges in great quantities, and the points are charged on these days. The doctor says he charges from eight to fifteen thousand ivories from each animal.

He considers the milk good for family use during the course of the disease, as the cows generally feed well during the time, and the temperature seldom rises over two degrees above the normal standard.

At this establishment the crusts are mounted and cones are manufactured, many of which are supplied to the United States, for the army and Indians.

The doctor seems determined to supply the market, as far as he can, with a reliable article. He claims only the

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Beaugency stock, which he says, was imported by himself some years ago. You will observe that the same stock, the Beaugency, is used. Yet the virus from each establishment must, from the nature of the case, be unlike. First, from the difference in the age. Secondly, from the mode of vaccinating the animals.

Having given you a short account of when and how vaccine virus is propagated in this section of the country, you must make your own choice in regard to which you will use. I have stated only what I have learned by visiting the two establishments. If you have any doubts in regard to animal vaccination, and are somewhat exercised in mind in regard to Pleuropneumonia, you will remember Dr. Martin's remarks. If you have no fear of this disease and want a virus, said to be more sure in its action, you can try the virus from Dr. Cutter's.

V.

A CASE OF DIPHTHERIA.

J. H. SHERMAN, M.D., SOUTH BOSTON.

Nov. 9, 1875, was called to see Fannie O., 71 Telegraph Street, who had been ill since the day previous. I found patient with high fever. An examination of throat revealed patches of diphtheritic deposit on both tonsils. Prescription, *Aconite* and *Nitric Acid* in alternation, both first dilution. 10th. Fever somewhat abated; the diphtheritic patches increased. Prescription, *Nitric Acid 1st* and *Baptisia 1st*, in alternation. 12th. No perceptible change in symptoms, except swelling of the parotid and sub-maxillary glands. *Phytolacca* for *Baptisia*, and *Nitric Acid* continued. 13th. Croup had set in. Prescription, *Kali Bich.* and *Tartar Emetic 1st* trituration; a powder of each dissolved in half a tumbler of water, and given in teaspoonful doses every hour alternately. Inhalations of steam with atomizer, and steam generated by

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throwing occasionally pieces of unslacked lime into a basin of water. 14th. Croup symptoms not improved, but rather increased. Same treatment continued. 15th. Had passed a restless night, breathing very difficult, and the case seemed likely to terminate by asphyxia. A change of remedies was contemplated, but after due consideration, decided to continue them; nor had I occasion to regret it, for before night the breathing became easier, the cough which had previously had the harsh, shrill sound so peculiar to this disease became loose. The disease was conquered so far as croup was concerned. 16th. The throat was clear from diphtheritic deposit, but there was much swelling of the glands of the neck, and patient complained of severe pain in the region of the heart. The urine, which had heretofore been normal, now became scanty and contained considerable albumen. Pericarditis and acute Bright's disease now presented themselves. Prescription, *Digitalis 1st*, and *Cantharides 2d*, in alternation every hour. 17th. No improvement. Same treatment continued. 18th. Do. 19th. Hemiplegia of left side, urine very scanty, less than an ounce in twenty-four hours, and more than half albumen. Paralysis of pharyngeal muscles, loss of hearing, deglutition exceedingly difficult; when the patient tried to swallow the liquid, — as liquid food only was given, — a large portion of it would be ejected through the nose. It was the same when medicine was given, and it was guess-work to tell how much was taken. Enemas of beef-tea and milk were substituted for nourishing the patient. From this time to Dec. 9th, there was no marked change in the symptoms, but the general dropsy increased. Hydrothorax and hydropspericardii had supervened; patient could only rest in the sitting posture with head bent forward; no urine passed for twenty-four hours, and death seemed inevitable and liable to occur at any moment. The action of the heart was feeble, no pulse that could be counted. My prognosis was unfavorable, and I informed the family that in my judgment the patient would die. A consultation was suggested, and it was agreed that Dr. De Gersdoff be called. The doctor came, and after getting a

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history of the case, made a thorough examination of the patient. The doctor considered the case hopeless, but thought *Digitalis* and *Cantharis* the proper remedies, which she was then, and had been taking for some days. He sustained me in my diagnosis and treatment, and what is so very unusual in consultations, did not have some new and wonderful remedy to suggest, but frankly said, "I don't see how you can do better than you are doing." On our way home from the consultation, the doctor remarked that the case would be an exceedingly interesting one for an autopsy, and as he would like to verify some statements made by recent authors, hoped I would be able to secure the privilege of making an autopsy, and invite him to be present. I told him I did not think that the family would be willing that a *post-mortem* examination should be made, but would get their consent if possible. The next morning, Dec. 10, when I expected to find my patient dead, was happy not only to find her living, but there dawned a glimmer of hope. She had passed, during the previous night, a pint or more of urine; the breathing was greatly improved, the pulse which was scarcely discernible on the previous night was distinctly felt, but feeble and intermittent. From this hour, the improvement was daily perceptible, and in two weeks she began to use her paralyzed limbs, her hearing was restored, and she finally made a complete recovery, and has continued in good health since.

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VI.

TWO CASES OF SCARLATINAL NEPHRITIS.

REPORTED BY M. J. FLANDERS, M.D., LYNN.

THE mortality in our city from scarlet fever was unprecedentedly large in the year of 1882.

According to the city physician's report there were twenty-nine deaths against seven, and three the two preceding years respectively.

It was during this epidemic, that a large proportion of the cases were followed either by a simple anasarca or scarlatinal nephritis, where the chemical and microscopical changes of the urine were the same as in Bright's Disease in adults. Whether the cases were mild or severe, I began at length to expect some form of œdematous affection to ensue during the winter months when heavy snow storms prevailed. I then realized that eighty per cent of scarlet fever patients might exhibit signs of dropsy according to the estimate of Haidenhain; while in other years my observations would have confirmed Miller's twenty-seven per cent, or Wood's twelve and a half per cent, or possibly Frerich's four per cent of cases. Most probably all these authors are correct; for it is doubtless the "*character* of the epidemic, and not the *intensity* of the disease" that determines the number of scarlet fever patients who become dropsical.

Neither does the most vigilant prophylaxis on the part of the practitioner avert the impending danger, as the following cases show: —

In March, 1882, was called in consultation to Lillie B——, aged seven years. The attending physician described the case as one of an extremely mild character from its inception about the middle of February. Fearing, however, a lurking foe, the utmost precaution had been used to guard against any exposure to cold or indigestion. The child had been allowed to sit up, as she felt so well more was to be

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feared from restlessness in bed than when properly dressed in a chair.

When I first saw her, the face was extremely pale, fever high with great prostration, breathing rapid and labored, dullness in precordial region, the muscles of the thorax were tense, white, and shining, swollen to a degree that produced an absolute deformity. She had vomited two days previously; there was some swelling of the face perceptible, and the water passed was very scanty. Now there were only a few drops of blood-colored concentrated urine, and she lay in a semi-unconscious state, only expressing a great craving for water; but all liquids were immediately thrown up. Prescribed a decoction of *Plantago Major*, to allay the thirst, hardly daring to hope that its attenuent, substyptic and diuretic properties might prove curative.

She took two table-spoonfuls at first which was retained on the stomach.

For several days she sipped it in small quantities as frequently as desired, taking no other drink. *Sarsaparilla* was given every four hours, and under this treatment the character of the urine was changed to a normal quality and quantity, the anasarca was gradually diminished, and *China* 3*x* completed the cure.

Feb. 17, 1882, was called to Irwin P——, aged six years. This child had been subject to frequent attacks of tonsillitis, and his throat now presented the usual appearance of swollen glands, red and shining, with the customary exudation and fetid odor accompanied with high fever, cephalalgia and great thirst.

Prescribed *Aconite* 3*x* and *Bell.* 3*x*. Feb. 18. Vomiting had occurred in the early morning, and there was a puffed appearance of the hands. On examining his back I found the scarlatinal eruption; in the evening it covered the entire body.

As complications, purpura appeared on the seventh, urticaria the tenth, and rheumatism the fourteenth day after the eruption of the exanthema. The patient was dismissed the fourth week with strict injunctions in regard to exposure so long as desquamation continued.

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March 21. An urgent call to see the child at 3 P.M. Found he had been carried down stairs the previous day, which was extremely raw and cold. Had vomited in the night, his face was puffed, feet and hands swollen, high fever and great prostration. He complained of severe pain in the lumbar region, and over the bladder, which was sensitive to the touch and protuberant. The bloody urine was voided by drops, and with great pain. There was a craving thirst; but the stomach refused to retain any liquid.

Plantago Major was first prescribed, then *Sarsaparilla*, and *Merc. Cor.* 6*x*. March 22, vomiting had ceased, and an ounce of urine had been voided which contained a large per cent of albumen and was still sanguineous. Continued *Plantago*, *Sarsaparilla* and *Merc. Cor.* March 23. General improvement. Little or no tenderness remaining in the abdomen, no pain in the bladder, water was passed without pain, though it was voided in small quantities and was still bloody. Milk had been taken without nausea, and sleep had been less disturbed.

Directed that one tumbler of the *Plantago* should be taken during the twenty-four hours, and continued *Sarsaparilla* and *Merc. Cor.* March 24. My patient had passed a quiet night. His face was still pale, but no longer swollen. The urine possessed a tinge slightly bloody. It was voided in larger quantities, but was still decidedly albuminous. The same prescription was continued. March 25. He had slept quietly but complained of pain over the heart.

The urine had lost its bloody tinge, and only a small per cent of albumen remained. My remedies were *Digitalis* 1*x* and *Arsen.* 30*th*.

March 26. Every symptom decidedly more favorable. He complained now only of pain over the heart when moving, and from pressure. The urine was voided in larger quantities, and there existed only a faint trace of albumen. I continued the *Digitalis* and *Arsenicum*.

March 28. Lassitude and anorexia the leading symptoms. *China* 1*x* was prescribed, which was continued until April 3, when the patient was dismissed.

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VII.

CLINICAL CASE.

STELLA MANNING, M.D., LYNN.

In May, 1882, was called upon to prescribe for a child two years old, with rachitis, probably of hereditary origin, his grandfather having had it before him. The child also inherited a feeble constitution from a syphilitic father. He had a large head, prominent frontal and unusual occipital development; abdomen hard and protuberant, limbs small and wrinkled and marked pectus carinatum.

Merc. Cor. and *Colch.* were prescibed and continued several months, with an occasional dose of *Sulphur.*

Oleum Jecoris aselli was given daily during this time, and did much to supplement the remedies by affording suitable nourishment during treatment.

In January, 1883, was called to see the child with pneumonia, which continued about three weeks.

At the end of this time he sat up in bed, cough ceased, and he began to improve rapidly, when, after an interval of four days, fever and cough reappeared; but, unlike the previous cough, was paroxsymal with marked diagnostic symptoms of pertussis, convulsive cough, with short expirations and whooping inspiration, cyanotic appearance of face, nausea and occasional vomiting of food.

Ipec. was prescribed, but failed to give relief.

At this time his appetite failed; he refused all food but milk, of which he took less than a cupful in twenty-four hours.

Owing to his exhausted condition and feeble constitution, *Oleum Jecoris aselli* was again given (one-half tea-spoonful three times a day). After taking the oil two days diarrhœa began, which *China* promptly relieved.

The paroxysms of coughing continued in all their violence.

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The restlessness and feverishness toward morning, and the evident exertion to speak suggested *Drosera*, which was given; but seeing no improvement after a fair trial, was discontinued, the child steadily failing.

The great prostration, pale and sunken face, short breath, thirst, and the previous existence of pulmonary complication seemed to warrant the trial of *Tart. Emet.* which was accordingly given in the 15*x* dilution, without relief. Then 3*x* trituration which was also a failure.

Corallium rubrum was then exhibited. After a few doses of the 6*x* trituration in water the violence of the cough mitigated, and the paroxysms were less frequent.

From the first use of this remedy there was steady improvement until he had only one paroxysm a day, and that at bed-time.

With the exception of a slight relapse at ten days, which lasted only a day or two, the child gained strength and flesh and was dismissed free from cough, three weeks after beginning the *Corallium*.

VIII.

CLINICAL CASE.

CHAS. STURTEVANT, M.D., HYDE PARK.

BELLE ——, aged ten, has suffered for a long time with acute catarrh, which seriously interfered with her articulation. She was taken sick with the ordinary prodroma of scarlatina, and the characteristic eruption made its appearance, Jan. 20, 1883. By the 23d of January, her symptoms were all well defined and clearly diagnostic of scarlatina. Measles were quite prevalent at the time, but I knew of no other case of scarlatina. She grew rapidly worse, and on the 29th of January I asked for counsel; but in spite of all that could be done, she died Jan. 31.

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Her brother, aged six years, was taken sick Feb. 6, and broke out Feb. 8, with what every one supposed would prove to be scarlet fever; but which, as it developed gradually, showed the diagnostic symptoms of *measles*, which, as I have said, was quite prevalent at that time, and in that neighborhood, although this second child had not been out of the house for *three weeks*.

This case of *measles* was very well marked, and ran its usual course; but on Feb. 16, a new set of symptoms made their appearance, and on the next day, Feb. 17, he broke out with *scarlet fever*, and although very sick he slowly passed through the various stages of the disease and made a good recovery.

IX.

CASE OF SUBINVOLUTION OF UTERUS.

R. E. JAMESON, M.D., JAMAICA PLAIN.

Oct. 24. Was called to see Mrs. H——, aged about forty; mother of two children, youngest of whom was three or four months old. I found her pulseless, skin cold and damp, unable to speak above a whisper, said she was dying. She was flowing profusely, with a great deal of pain, cramp in extremities, and diarrhœa. Her symptoms at once suggested *Veratrum Alb.*, and I did not think I was wasting time in giving the homœopathic remedy, or that I should give instead, teaspoonful doses of *Ergot*. I gave *Veratrum Alb. 200th* in water, a teaspoonful every five minutes. The effect was almost immediate; the flow was reduced to a moderate amount, the pulse returned, and in two hours she was out of danger. She complained of a dreadful feeling about the heart, — a deathly feeling as she expressed it, — but as strength returned, it passed off.

She was very weak for some days, for which I gave her

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China and other remedies, as the symptoms indicated, and she made a good recovery.

When I was called to the case I knew nothing of its history, but supposed it was a case of miscarriage; but on examining the napkins and sheets could find nothing that at all resembled a fœtus. When the lady was able, however, she told me that she had never been right since her confinement; had been as large as a woman four or five months pregnant, and the week previous while on a visit to Philadelphia, was taken flowing, but not to an alarming extent. I regarded it as a case of subinvolution of uterus. Was I correct?

X.

INGLUVIN FOR VOMITING IN PREGNANCY.

F. D. LESLIE, M.D., CANTON.

I HAVE come to look upon this remedy as one of the certainties of medicine in the treatment of obstinate cases of nausea and vomiting in pregnancy. Seldom have I been obliged to resort to other remedies in order to relieve this distressing affliction. In several cases I first prescribed the usual remedies taking pains to select the proper ones. A couple of cases to illustrate its good effect.

Mrs. G——, thirty-nine years old, third pregnancy, during first two had suffered most severely from nausea and vomiting, and having tried everything prescribed by competent physicians with no relief, she despaired of having any at this time, when even the smell of food was sufficient to cause excessive retching and straining. By great effort, at times, she was able to take food, but seldom could retain it upon her stomach.

Ingluvin was prescribed in five-grain doses, to be taken before rising in the morning, and before each meal. After the second morning, the patient was entirely relieved, ever

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after being able to eat at every meal until the completion of the term of gestation without the occurrence of any of the above symptoms.

2d. Brunette, first pregnancy, thirty-eight years old, married eight years, three months along: troubled with excessive nausea and constant faintness at pit of stomach. The latter symptom being so troublesome that she was very despondent. The same treatment was pursued with most happy results. These are two of the cases treated with this remedy. Many others have been with a similar result. Twice the dose was slightly increased before relief was permanent. The preparation which I used, and the only one that I am aware of, was prepared by Wm. R. Warner & Co., from the *Ventriculus Callosus Gallinacrus.* There has been no proving of this remedy by our school that I am aware of. When there is, I feel that it will rank *par excellence* for the treatment of this complaint.

XI.

REPORT OF THE COMMITTEE ON A STATE HOMŒOPATHIC INSANE HOSPITAL.

YOUR committee are happy to report favorable progress since the last annual meeting of this society, at which time the subject had been referred by the Legislature to the Governor and Council.

In the course of the summer your committee, together with all persons opposed to this matter, were summoned to appear before the Governor and Council. After a long and careful hearing, the following report was presented to the present Legislature:—

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COMMONWEALTH OF MASSACHUSETTS.

REPORT.

COUNCIL CHAMBER, BOSTON, July 31, 1882.

Chapter 41 of the Resolves of 1882, relating to the separate Homœopathic treatment of insane persons, provides:—

"That the Governor and Council be requested to consider the expediency of providing separate Homœopathic treatment of insane persons under the care of the Commonwealth, who shall desire such treatment: and, in case, they shall determine that the same is desirable, they are requested to present to the next General Court some practicable plan for the establishment of a hospital for such treatment; and they may set apart or reserve for the purpose the whole or a portion of any building belonging to the Commonwealth which is unoccupied or may become vacant during the present year."

Under the foregoing resolve the Governor and Council report as follows:—

The resolve embraces three questions:

1. The expediency of the provision therein recited.
2. A practical plan therefor.
3. The appropriation of some building thereto.

(1.) Upon the first point the Governor and Council are of opinion that separate Homœopathic treatment of insane persons under the care of the Commonwealth, who shall desire such treatment, is expedient. It is claimed that twenty-five per cent of the population are of the Homœopathic following. It is a school having, at least, the merit of gentle treatment, which is a good thing in dealing with the insane. It no doubt is a hardship, to those of its disciples who think it a hardship, to submit themselves or their friends to medical treatment in which they not only have no faith, but for which they have positive aversion. Indifferent to the differences among the doctors, as are those who know how limited and tentative is the progress of the best of them, and of the best of their schools, there are some who have martyrs' faith in them, and who, of course, suffer if not treated by such as they have faith in.

While it is not expedient to set apart an insane asylum for every shade of medical opinion and practice, yet there is a substantial

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expediency in doing so for so substantial a proportion of the community as one fourth or one fifth of its number.

(2.) Expedient though such separate treatment may be, we do not recommend mixing the two methods in any now existing asylum. This would be destructive to both of them, even though a separate wing were appropriated to each; and the patient would probably come to grief between the two. Nor do we recommend that a new hospital be built for the sake of furnishing one to the Homœopaths or to any other school because they want it, or because they pay their share of the public taxes. But the increase of our insane population is rapid, probably at a rate of more than two hundred a year. A new hospital must soon be provided. It ought to be small and cheap, — not a repetition of recent follies, — with a provision for not more than two hundred and fifty patients. We recommend, therefore, that when a new hospital is established, it be to that extent, and that it be arranged for acute cases, economically instituted, situated as near as possible to the centre of the insane increase, and put under the local direction of Homœopathic officers and trustees, but subject, of course, in harmony with the charitable system of the Commonwealth, to the general supervision of the central board of charities.

(3.) The Governor and Council are aware of no suitable building belonging to the Commonwealth, the whole or a portion of which is unoccupied or vacant during the present year, and which can well be set apart or reserved for the separate Homœopathic treatment of the insane.

Adopted:

HENRY B. PEIRCE, *Secretary.*

This report together with petitions from several thousand citizens residing in some forty different towns in the State, were referred to the Committee on Public Charitable Institutions. This committee have given two public hearings at which your committee were present, no persons appearing in opposition. The committee were favorable to the object proposed, and the chief difficulty arises from determining the best method of establishing the proposed hospital.

The tedious labors of the committee in conducting the Tewksbury Alms-House investigation, have seriously inter-

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fered with their progress in this matter. There can be no doubt of the necessity of providing further accommodation for the insane in this State.

The following is from the report of the State Board of Health, Lunacy, and Charity for 1882: —

"In our hospitals and asylums 4,584 persons appeared in the year, of whom 380 died; and the aggregate of the insane in the State, is 5,100, a net increase of about 200. . . . The total cost of the State hospitals and asylums for construction and equipment, has been about $4,750,000, — certainly no less than this, — and their convenient capacity cannot be estimated at more than 3,000. They now contain 3,056, having passed the limit of 3,000 in the summer of 1882."

For this whole number the State provides only Allopathic treatment, although it is known that for many of the inmates Homœopathic treatment would be preferred. Is it right or just to compel these to submit to a method of treatment which we believe to be injurious rather than curative, and which to them is obnoxious? The State of New York has already established a Homœopathic insane asylum with four hundred and fifty inmates, has placed its chronic insane hospital at Binghampton, with several hundred inmates, under Homœopathic care, and is agitating the subject of the erection of still another Homœopathic insane hospital. Shall Massachusetts lag too far behind in this important matter? To establish and equip such a hospital as we need would require considerable time, and it seems proper and desirable to urge our claims upon the present Legislature. There will undoubtedly be opposition; but, if it be met with energy, it can be overcome, and the discussion will develop many hitherto unknown friends.

The cause is worthy of strenuous effort. Let every physician and friend of Homœopathy devote a little earnest work to it, and success would be assured.

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Your committee feel greatly encouraged by the present outlook, and desire to make this report of their progress.

Respectfully submitted,

I. T. TALBOT, M. D.,
SAMUEL WORCESTER, M. D.,
J. HEBER SMITH, M. D.,
H. C. CLAPP, M. D.,
W. B. CHAMBERLAIN. M. D.,
D. B. WHITTIER, M. D.,
A. J. FRENCH, M. D.,

Committee.

BOSTON, April 11, 1883.

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PUBLICATIONS

OF THE

MASSACHUSETTS

HOMŒOPATHIC MEDICAL SOCIETY.

1883.

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J. T. HARRIS, M.D. . . . . BOSTON.

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PROCEEDINGS

OF THE

SEMI-ANNUAL MEETING,

OCTOBER 10, 1883.

THE semi-annual meeting of the Society was held in Union Hall, Boylston Street, Boston, Wednesday, October 10, 1883.

MORNING SESSION.

Meeting was called to order at 10.30 A. M. by the President, H. E. SPALDING, M.D., Hingham. Prayer was offered by Rev. E. A. HORTON, of Boston.

The Recording Secretary being absent, H. L. CHASE, M.D., Cambridgeport, was elected Secretary, *pro tem.*

The records of the Annual Meeting, and of the meetings of the Executive Committee, were read and approved.

SARAH E. WILDER, M.D., of Boston, was elected a member.

C. H. WALKER, M.D., Chelsea, Necrologist, submitted his report. (XII.)

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COMMITTEE ON GYNÆCOLOGY.

Papers on "Polypus of the Bladder" (XIII.) and "Laceration of Cervix Uteri" (XIV.). By Dr. J. H. CARMICHAEL, Boston.

"Ovulation and Menstruation." By Dr. A. B. CHURCH, Winchester. (XV.)

"Some Facts Regarding Gynæcological Practice." By Dr. L. A. PHILLIPS, Boston. (XVI.)

Dr. H. K. BENNETT, of Fitchburg, in order to show that something beside the indicated remedy was necessary, reported a case of dysmenorrhœa. On examination he found the os so small that the smallest probe could with difficulty be introduced. He practised dilatation of the cervix a few times, with complete success.

Dr. BENNETT exhibited a new speculum, which he had invented, explaining that it was intended more for topical applications to the vaginal walls, though it could be used as well for the os and cervix uteri.

Dr. CUSHING, of Boston, believes that the majority of cases of leucorrhœa can be cured by Homœopathic medicine; the cases should be accurately diagnosed, and the remedies carefully studied.

Dr. J. H. CARMICHAEL reported a case of fibroid tumor of uterus, which had been greatly benefited by *Iodide of Lime*, prepared by Billings & Clapp.

Dr. J. H. SHERMAN, South Boston, reported the case of a lady who consulted him about a year ago, supposing that she was pregnant; on examination he concluded that there was a sub-mucous fibroid. He prescribed *Ergot Fl. Ext.* — 3 drops a day for six months. A few days ago he examined, and the tumor was nearly absorbed.

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Dr. PHILLIPS has had two cases of cystic tumor, which have discharged through the fallopian tubes; he thinks that only such tumors are cured without excision.

DELEGATES.

Dr. GEO. B. PECK, Jr., Providence, R. I., was present as a delegate from the Rhode Island Society; he made a few remarks, congratulating the Society on its continued prosperity.

Dr. CHAS. HAYES, Secretary of the Rhode Island Society, was present, and addressed the Society, as did Dr. Jos. CHASE, Jr., of Concord, N. H.

No report was made from the Committee on Surgery.

COMMITTEE ON MATERIA MEDICA.

Dr. J. P. SUTHERLAND, from the Committee, read an interesting paper on "Aphorisms on the Methods of Proving or Testing the Efficacy of Drugs," prefaced by some introductory remarks. (XVII.)

Paper was discussed by Dr. C. Wesselhœft, who made remarks explanatory of the subject matter of the report.

No report from the Committee on Ophthalmology and Otology.

COMMITTEE ON PHARMACY.

Paper by Dr. J. W. CLAPP. (XVIII.)

Adjourned at 4.00 P.M.

Attest: HIRAM L. CHASE,
Recording Secretary, pro tem.

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XII.

REPORT OF NECROLOGIST.

C. H. WALKER, M.D., CHELSEA.

Death.

THERE occurs to us at last, the time when, —

"The God of bounds,
Who sets to seas a shore,
Comes to us on his fatal rounds,
And says: 'No more!'"

Thus died on the 18th of February, 1883, at his residence, No. 14 Lynde Street, in the city of Boston, Dr. George Russell, aged eighty-seven years and six months.

The death of this venerable and much esteemed member of our State Society, has called to mind his modest, unassuming ways, while living in our midst.

The severance of fraternal union with an honored and beloved member, is rendered doubly painful when that member has habitually cemented those fraternal bonds by cordial intercourse, as our lamented brother has ever done. There are many members of this society present, who from long intercourse with him learned to appreciate the purity and high moral motives of his every action, and the Christian principles which pervaded and adorned his whole character. His tenderness and kindness to his patrons as their physician commanded their respect, and rendered his presence ever welcome at the bedside. At the time of his death, in consequence of increasing infirmities of age, he left but one feeling among his friends, and that sentiment was of universal respect.

Let us pause, and gather from his life and actions, motives for imitation of his goodness and usefulness.

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In absence of additional facts concerning Dr. Russell's early literary, social and domestic life, which to this present time I have been unable to obtain, let me read what has been furnished for publication in the "New England Medical Gazette," of March, 1883:—

"George Russell, M. D., died at his residence, No. 14 Lynde Street, Boston, on Sunday, Feb. 18, aged eighty-seven years and six months. Dr. Russell was the son of Dr. George Russell, of Lincoln, Mass., where he was born on Sept. 23, 1795. He was graduated from Harvard Medical School, in 1820, and practised medicine for twenty-five years in his native place, and the adjoining town of Waltham with great success. In 1839, he adopted the Homœopathic system; and, in 1845, moved to Boston, where he continued in practice until his death. He was one of the charter members of the Homœopathic Medical Society, of which he was afterwards the president. He was also a senior member of the American Institute of Homœopathy, having joined that body in 1848. He felt a deep interest in our Homœopathic institutions. One of the original founders of the Homœopathic Medical Dispensary, he remained on its board of trustees till he died. An earnest friend of both the college and hospital, he contributed liberally to their support. He was highly respected by his associates in the profession and community. His tender nature, generous sympathy and entire faithfulness warmly endeared him to the many brought under his professional care. But all his many virtues could not protect him from the injustice of the Massachusetts Medical Society, which in 1873, after a membership of more than fifty years, tried to blacken his character by branding as 'guilty of conduct unbecoming and unworthy an honorable physician,' simply because he believed in Homœopathy and endeavored to give to the profession honorable proof of its superiority. While he bore it nobly, yet the sense of its injustice never left him till death closed his labors."

Thus passed away from among us a man who, without attracting any great degree of public attention, which owing to the extreme humility of his nature, he seemed never to have been ambitious of courting, yet was most deservedly held in the greatest esteem and regard by those who had

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the happiness to intimately know him. As a practitioner, his mind being unwarped by vague theories, he displayed an aptitude in selecting the fittest means of treatment. He was a good man. May all of us profit by his example.

MARY J. GRAHAM, M. D.

THIS lady was proposed for membership to the Massachusetts Homœopathic Medical Society, and her name had been favorably reported upon by the board of censors. Her death occurring before the annual meeting of this Society, prevented action in regard to her admission to its membership.

Out of respect to her honorable graduation, and her brave, determined struggle for a higher position in our ranks, I read the announcement of her sad death, as published in the "New England Medical Gazette," for March, 1883 : —

"The announcement of the sudden death of Mary J. Graham, M. D., caused the most heartfelt sorrow among her friends, especially to those most intimately acquainted with the circumstances of her life, who have watched with interest her brave, determined struggle for a thorough medical education. Her efforts were crowned by a most honorable graduation from the Boston University (School of Medicine), two years since, — her rank being second in a large class. Having an intense desire to still further qualify herself for her life work by a larger experience, she was assisted by a wealthy lady in Boston, through whose generosity she was enabled to study in the hospitals of London and Vienna thirteen months. By her marked ability and earnest work she won golden opinions there, and had offered to her the highest position occupied by a woman in Queen Charlotte Hospital. Loyal to her native land, she returned to Boston last September. Friends welcomed her with enthusiasm, and her success as a practitioner was already assured; but at the very threshold of a brilliant career she fell a victim to diphtheria, contracted in her practice. We deeply mourn the loss of a true friend, and an earnest worker in the field of medicine."

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XIII.

A CASE OF GRANULAR POLYPUS OF THE BLADDER.

J. H. CARMICHAEL, M. D., BOSTON.

MRS. M —— first came to me in 1881, with the following symptoms: sharp, shooting pains in the region of the neck of the bladder, which were so severe that they necessitated the use of *Morphia* a greater portion of the time. There was but little smarting when urinating, but it was followed by pain and severe tenesmus. Often blood was discharged. The urine was heavily charged with pus, mucus and triple phosphates. Physical examination found the uterus in a normal position and but slightly enlarged. Upon undertaking to pass the sound into the bladder, it immediately brought on the spasms she had complained of, and arrested the sound. My supposition was that she had either a fissure at the upper portion of the urethra, or a polypus at the neck of the bladder. She was confined ten months previously, having a severe labor, lasting thirty-six hours, being finally delivered with instruments. The perineum was lacerated, and immediately the skin was stitched together, as we generally see it done, leaving the perineal body separated. She was kept in bed, and her urine drawn with the catheter three weeks. The use of the catheter, this length of time, excited cystitis, which is a common *sequela.* At the end of this time, she had lost all control over the voluntary muscular tissue of the bladder, and consequently the use of the catheter had to be continued. The perineum failing to unite, it was closed three months later, and the catheter continued six weeks longer. The second operation was successful, and she finally succeeded in urinating without aid; but the agony experienced was scarcely less than during the use of the catheter. *Morphia* had been used *ad libitum,* while in bed, and now when up she could not get along without it. Consider-

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ing herself pregnant, they were averse to any surgical treatment. Her husband was a physician, but doubted the possibility of a polypus; but thought rather there might be a fissure. I suggested the use of *Clysmic* water and *Triticum repens.* Nearly all of the remedies indicated had been used without benefit. Under the above treatment, assisted by *Opium* by rectum and mouth (contrary to my wishes), she went on to full term. At my suggestion, at confinement, the doctor made lateral incisions at the upper portion of the perineum; and, with the aid of *Chloroform*, she had a comparatively easy labor. She got up quite well, but her old trouble returned, and gradually grew worse. She came to see me again in November, 1882, her husband telling me that she had become, he feared, a confirmed opium eater; and he wished me to take the entire charge of the case, and do whatever I considered best. I was about moving to Boston, so advised her to wait and come there. Feb. 6, 1883, with the assistance of Drs. Payne, Phillips, and Simpson, she was anæsthetized, and I dilated rapidly the urethra. My little finger was introduced, but discovered nothing except the softened mucous membrane about the neck of the bladder. I introduced a wire curette, and gently scraped the coating of the bladder. Upon bringing away the curette, a granular polypus, one and one half inches in length, by one eighth inch in diameter was removed. Hot *Calendula* water was injected, followed by a twenty per cent solution of compound *Tincture of Iodine* and the patient put to bed. Feb. 7. The bladder was washed out with a solution of *Calendula.* Feb. 8. The same. Feb. 12. She returned home feeling quite well.

I saw her the last of June, when she was perfectly well. Her *Opium* habit was cured by a severe moral lecture and a few doses of *Avena Satira.*

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XIV.

LACERATION OF THE CERVIX UTERI.

J. H. CARMICHAEL, M. D., BOSTON.

Mr. President, Members of the Massachusetts Homœopathic Medical Society:—

A QUESTION asked me by a prominent physician, has called forth this brief paper. The question was this: "Why do you operate upon laceration of the cervix uteri, when I am able to cure these cases without operation or the use of the knife?"

My answer was simply this: "You claim to be able to cure these cases: may I ask how long they remain so?" He said, "Why, I don't know." Well, to put the question another way, "Don't these cases invariably come back to you, in two or three months, with the same set of symptoms, and don't you have to go over the same treatment, local and general, again and again?" "Some of them do." "Have you thought of it, and have you watched these to see how many, or what per cent remain cured?" "No, I could not say; but I had supposed the operation was performed to cure just what I did with applications and general treatment; but I see now, that your aim is to permanently cure the case by the operation." "Certainly, we aim to cure the case at the time, and to restore, as near as possible, the natural condition of the os uteri prior to laceration; and, if we are successful in this, all bad symptoms that developed from the laceration will disappear permanently, unless another similar accident occurs to it." Now to elaborate, and extend this answer, so that all may fully get its meaning. To have begun this argument, properly, I should have asked, "What is the natural condition of the cervix prior to any traumatic lesion?" The answer no doubt would be very much like this: It is round or conical in appearance to the eye, and firm and

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elastic to the touch. Anatomically speaking, it is nearly an inch in length, projecting into the upper end of the vagina. The os uteri is a transverse, ovoid aperture, bounded by two thick lips, which are smooth in the normal state, with no eversion. The external surface of the cervix is covered by stratified epithelium. The external muscles run longitudinally, while the deeper layers are composed of both longitudinal and transverse fibres, closely intermixed. The mucous membrane is firm, and between its rugæ are found numerous saccular and tubular glands. In the lower part of the cervix the mucous membrane is beset with vascular papillæ, and the epithelium is stratified; but in the upper half or more, the epithelium is columnar and ciliated. The glands are everywhere lined with columnar-ciliated epithelium, even in that portion where the surface epithelium is stratified. These glands are only found *within* the external os, *none* appearing externally. Contrast this normal cervix with another having the same muscular tissue, but which, through traumatic causes, has been split upon one or both sides, and allows the inner mucous membrane, with its glands, to be crowded down, and face outwards causing an eversion.

This membrane, with its glands, being chafed by the constant friction against the vaginal walls, soon becomes irritated; the papillæ become highly vascular, the glandular secretion becomes altered, which extends to the tissue of the cervix, then to the uterine body, and later to its appendages. This blood pressure upon the sympathetic nerve filaments, which are very numerous in the cervix, arouse a long and varied train of symptoms, wholly reflex, but nevertheless disastrous to the future health of the patient. She will have neuralgias here and there nearly constant, mal-assimilation, anæmia, palpitation of the heart, sleeplessness, etc. Is it still possible for you to ask why we operate! You will say, perhaps: Why not destroy the glandular tissue with a caustic and allow cicatricial tissue to take its place, which will be as tough and strong as the natural tissues should be? Ah! This may seem very plausible, but observation has shown that this cicatricial tissue is just what we wish to

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avoid in this situation; for, it by itself is a factor which will cause the same set of symptoms heretofore given, by its encroachment of the nerve fibres, which are encased within its structure, and are so pinched and squeezed that the patient will constantly have a pain or an ache.

Well, is it necessary to repair all lacerations?

No, not all; for some are so superficial that there is not the slightest need of it: but it would be better if it were not there, for at any future time a malignant disease may find a starting-point there.

"Don't all women who have borne children have a laceration of the cervix, even though it be ever so small?" Not all, but about one-tenth of those who have been pregnant have this lesion severe enough to call for operation.

We operate in laceration, trying to restore the uterine cervix to its former normal condition as nearly as possible; why? Because it removes the cause of many of the symptoms incident to the lesion, and it does so effectually and permanently. It does this quickly, and at the same time it will often remove any pathological condition, that may exist at the time of the operation, that was a direct result of the laceration; such as subinvolution of the uterus and its appendages; granulation of the endometrium; ulceration of the cervical glands, &c. If the operation is properly performed, the results will be gratifying; but if it is not, that is, if any cicatricial tissue is left that should have been removed, you leave a cause, and the abnormal symptoms remain. The operation is a trifle difficult but not serious; or, if properly performed, not at all dangerous, and the pain is no more than is often endured in the dental chair having one's teeth filled. One needs only to witness its results to be favorably impressed with its value; and, were we accurate and careful observers, all of us would meet many of these cases every year, which, if diagnosed and the operation performed, would make many a suffering and sick woman happy.

To show you the value of the operation, I will give an analysis of nineteen cases operated upon by me during the past three years. All suffered from uterine diseases, having

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been previously treated unsuccessfully, from a period varying from four to fifteen years. All had borne children. All had reflex neuralgias. One had been insane much of the time for three years. One a sufferer from hystero-epilepsy for over a year. Three had ruptured perineums. Three had been pregnant since the birth of their last child, but aborted. None had carried a child to full term. One had prolapsed ovaries. Fifteen had various displacements of the uterus. Of this number twelve were radically cured; that is, after getting well in from two to three months, remained so. Of the remaining seven, two had slight attacks of cellulitis; one of these was the one who had displaced ovaries and hystero-epilepsy, and the other suffered from exfoliative endometritis, from which she is gradually recovering. The insanity patient was cured. The hystero-epilepsy cured, and prolapsed ovaries very much improved. Only in three did the suture nearest the external os cut out, all the others being completely repaired. Five remaining—two suffer from dysmenorrhœa, who, I think, have chronic salpingitis. Of the three still remaining, one suffers with monthly headaches, (except when taking *Sanguinaria*). One from Amenorrhœa, and one from Vaginitis (Strumous). Now, do not understand me, that simply closing a lacerated cervix will cure all the troubles such a woman may have, for it will not, unless it was the exciting cause of the trouble primarily.

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XV.

OVULATION AND MENSTRUATION. CONCEPTION TAKING PLACE DURING A PERIOD OF AMENORRHŒA.

ADALINE B. CHURCH, M. D., WINCHESTER.

DR. TARNIER, of the Paris Maternity (in his recent work on "Midwifery," the first volume of which is published), says, "It is a common idea that menstruation indicates a woman's aptitude for fecundation, and numerous autopsies have established the connection existing between menstruation and ovulation. Other facts have brought to light the usual subordination of the catamenial flow to the rupture of a Graafian follicle. Thus Chéreau has shown that there is no menstrural flow in women who have congenital absence of ovaries. Percival Pott saw menstruation cease in a patient upon whom he operated for a double inguinal hernia, in which the ovaries were contained and removed. Bird reports the same thing, after double ovariotomy. Roberts relates, that in Central Asia the ovaries are removed from young girls who are to act as guard in the harems, and these girls never menstruate. Battey admits that the menopause is the rule when the ovaries are removed *in toto*. He had seen, following double ovariotomy by himself, menstruation continue; but it is necessary to add that the operation had been difficult, and thus he explains the conditions under which it was performed: "The surrounding tissues were so adherent, that it was difficult to bring the organs into view, and it was impossible for him to say whether the entire gland was comprised in the ligature." So he acknowledges the ablation was incomplete, and he operated, under similar conditions, upon another patient, in whom the painful phenomena continued after the operation, as before, — a thing which had not taken place in other operations to the number

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of fifty-five, in which he was certain to have removed entirely the two ovaries, and in which the menopause appeared as an immediate consequence of the ablation.

Weinlechner relates an interesting case, where he performed a double ovariotomy upon a young girl, who had only menstruated three times. Menses appeared after the operation for eight years, when a tumor developed in the abdomen as large as an adult head, which it was necessary to remove; it was a cyst formed in the debris remaining from the left ovary.

Le Bec says: "I cannot easily believe in the return of menses after double ovariotomy, for errors are numerous, — a fragment of healthy ovary, or a part of degenerated, could be forgotten." Similar facts have been noticed by Kueberle, Panas, and Peaslee.

Engelmann reports a remarkable case, where the operation removing the two ovaries, presented great difficulties, because of the numerous adhesions, which may account for a portion of ovary left, and the regular menstruation which followed.

Dr. Terillon cites a case of a young girl of seventeen, who had an ovarian cyst of the right side, of eighteen months' duration. Patient always menstruated. He operated, and finding the left ovary polycystic removed that. Two days after the operation, a bloody discharge, quite abundant, appeared in the vagina, lasting two and a half days, and never re-appearing. This he calls a case of uterine epistaxis, following an operation upon the ovaries, or upon the genital zone, and due to congestion of the uterine mucous membrane, owing to disturbance in the circulation of the neighboring region. Péan also has noticed that these sanguineous discharges have nothing in common with menstruation, because they are most often temporary, appear at irregular intervals, and are seen after most great operations, wherever the seat, as well as after ovariotomy. Péan adds, that if the ovaries are entirely removed, the menopause is the result of the operation.

(Turnier.) Observations gathered from human species,

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and experiments made upon animals accord in showing that the menstraral flow is dependent upon ovulation. Notwithstanding Carus, Aran, Racibørski, Liégeois, and more recently Slavianski, De Sinéty have testified to the presence in very young children of the development of a great number of Graafian follicles in an apparent state of maturity. Only in them the spontaneous rupture had not taken place (as Ritchie pretended), and these follicles were destroyed by a retrograde process designated, Atresia.

What are we to say to those who believe that menstruation and ovulation are independent, and who bring to their aid the recent works of Giraudet (of Tours), Biegel, Paul Munde, De Sinéty, who have denied the connection existing between ovulation and menstruation, and who testify that menstruation has continued with physiological regularity after the removal of both ovaries?

The argument of these authors rests upon the two following propositions: on one side, the spontaneous rupture of a Graafian follicle taking place independent of a menstrual flow, and on the other side, the existence of a certain number of cases where menstruation has taken place without ovulation.

Let us examine the facts invoked in favor of each one of these propositions: 1. Ovulation without menstruation — when there exists a malformation, characterized by absence of the uterus, the ovaries being well formed, ovulation and a *corpus luteum* are produced, without being accompanied by a catamenial flow.

In some young girls, otherwise well-formed, ovulation precedes by many years menstruation, as one can be convinced by reading the works of Negreir and Giraudet. We will cite the remarkable observation of Prof. Gubler: A young girl of twenty-three years of age, of a strong constitution, and generally in excellent health, succumbed to an attack of acute meningitis, never having menstruated, which did not prevent the finding at the autopsy, the two ovaries well developed, and showing cicatrices like those found in women

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who had menstruated regularly, — eleven were counted in the left, and six in the right ovary.

In others, although there is a cessation of periods for a while, be it from chlorosis, anæmia or other affections, autopsies have shown recent traces of a corpus luteum. De Sinéty has observed this fact in a woman who died with phthisis, upon whom he made the microscopic examination at the Charity hospital in Paris.

There are also women who become pregnant when menstruation has been suspended, and frequent examples are seen in mothers who nurse their children, in whom pregnancy precedes the re-appearance of the menses. There are also rare cases of women who conceive after the menopause; and, finally, there are women who, having never menstruated, have given birth to several children.

2d. Menstruation without ovulation. Let us state, at first, there have been vain researches made for a ruptured follicle in women dying during menstruation. Thus Kölliker has noticed, ten times, the absence of a corpus luteum in women who have died during a catamenial period. Girwood, Coste, Giraudet, Godard, Ashwell, and Paget have recorded similar cases. Gubler has observed, in a great number of cases of acute diseases, sanguineous discharges analagous to menstruation, notwithstanding they were independent of any ovarian irritation, and he has characterized them under the name of uterine epistaxis.

Contrary to the observations of Bird (menopause resulting from double ovariotomy), we will cite numerous examples of the persistence of the menses after the extirpation of both ovaries; and cases of this kind are due to Doctors Atlee (Philadelphia), Spencer Wells, Baker Brown, Clay (Manchester) Storer, Reeves Jackson (Chicago), Goodman — who collected twenty-seven cases of double ovariotomy. In ten, menses were not affected by the operation; in one, menses were increased; in two, irregular. In these cases the menses were veritable, and not a sanguineous flow, which appeared once or twice only, for a few days or weeks.

For Biegel, these last facts would have great value against

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the theory which he wishes to overthrow; but, as Gusserow, of Strasburg, has said, in these operations a portion of healthy ovarian tissue, capable of producing ovules, may have been left. Anatomical researches have not been made with this in view, in the cases of Atlee, Storer, etc., cited above, but Waldeyer has, at times, discovered in the pedicle of certain ovarian cysts the presence of ovarian tissue, and even the existence of a corpus luteum. It is, then, possible, that, after a double ovariotomy, a portion of the pedicle left in the abdominal cavity contains some particles of the ovary, capable of carrying on its function. De Sinéty communicated to the Biological Society of Paris a case of Dr. Terrier's, where, after double ovariotomy, the menses persisted. The pedicle was examined with the microscope by De Sinéty, who did not find any traces of ovarian tissue.

At Salpétrière Hospital, in Paris, a young, hysterical girl of twenty, died July 20, 1876, in whom De Sinéty found no traces in ovaries, showing ovulation, even ancient, notwithstanding menstruation had taken place three months previous to her death; and here is a point most important: the state of the mucous membrane indicated that a menstrual flow was imminent, while in neither ovary were there follicles not only not arrived at maturity, but presenting even the least development.

Scanzoni (of Wurzburg) speaks of an autopsy made upon a woman of sixty-one years of age, who menstruated regularly, where the ovaries, notwithstanding, were completely atrophied and covered by a multitude of little cicatrices, and the most minute research could not discover in the stroma the slightest trace of a Graafian follicle, or a corpus luteum.

Puech, cited by Courty, reports a case of a woman, deprived of menses for six years, conceiving near the age of forty-six, menstruation appeared during pregnancy, to cease, definitely, after labor. The same author cites cases more conclusive. In one, pregnancy occurred three times after the disappearanee of menses, in a woman of forty-six.—(Lemoine.) In another, labor took place in a woman of sixty-one years — ten to twelve years after the catamenial

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flow had ceased. — (Rinandin.) Deshayes, of Rouen, reports cases of this kind, where conception took place at the age of fifty, — two years after the definite cessation of periods.

With these facts entirely exceptional, I will cite a curious case of conception taking place during a period of amenorrhœa. It was a patient of Dr. Gallard's, of Paris (L'Hotel Dieu), reported in the Annals of Gynæcology of '82. This patient, apparently healthy, menstruated at twelve, in Paris, where she was born. Her first period was a little painful, later they were irregular and unequal in quantity and duration. This continued until eighteen or nineteen years of age, at which epoch she had an amenorrhœa of fourteen months, without any cause other than a chloro-anæmic state, (but later he attributes it to a tubercular diathesis). From this time came a leucorrhoea. She had, therefore, amenorrhæa and leuchorrhœa for more than a year, when she married, at the age of twenty. Marriage seemed to have been a good remedy for her, for one month after, her menses appeared. They were irregular, but less painful, and the leucorrhœa diminished notably. In fact, her general health appeared satisfactory, when she became pregnant and was delivered at term, the 18th of May, '80; and this patient had not seen her periods for two months preceding her conception, which had therefore taken place during an amenorrhœa of two months. Two months after labor she had a red discharge, bloody, of short duration (which he did not consider menstrual) and from this time the menses did not appear. Leucorrhœa increased, but was not regular nor accompanied with lumbar pains or anything denoting pelvic congestion; but she had, nevertheless, from time to time, hypogastric and lumbar pains, at irregular intervals, which have augmented for four or five months. The abdomen had gradually enlarged, and she came to the hospital for an examination. Dr. Gallard found the uterus the size of a six months' pregnancy; the fœtal heart could be distinctly heard; and the patient stated that it was six weeks since she had first felt motion in abdomen. From to-day, January 14, the suppression of menses dates about twenty months.

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If there is no menstruation without ovulation, the inverse phenomenon can also take place. The work of ovulation in certain exceptional cases can take place without a sanguineous discharge accompanying it. "Be on your guard" (he says to the students) "not to see here an argument in favor of the theory of the independence of menstruation and ovulation; you ought, rather, to conclude that the concordance is not always perfect, and that the uterus may fail to obey the impulse given it by the ovary; but who would dare affirm that there is not an intimate and forcible relation existing between these two phenomena?"

Autopsies of those dying with phthisis, who have had amenorrhœa several months previous to death, have revealed corpora lutea in the ovaries — irrefutable proof of ovulation not accompanied with menstruation.

Dr. Gallard relates a singular case of Dr. Burdel's (of Vierzon), where a patient, after her first pregnancy, had a complete inversion of the uterus, due to an improper dragging upon an adherent placenta. The reduction of the uterus was made four hours later, by Dr. Burdel, who was called in, and cure was complete, after a long convalescence, following grave accidents of hemorrhage, peritonitis, &c. Menstruation did not reappear during the convalescence, which was easily explained by the state of exhaustion in which the patient was plunged; but fact more surprising, menses did not appear when the patient had entirely recovered. Nevertheless, she became again pregnant, two years and a half after this accident, and was delivered at term of a strong infant, which she nursed. Since then she has had two other successful pregnancies, at term, without the menses having reappeared, — neither before or after labor, — during the fifteen years which have passed since Dr. Burdel replaced the inverted uterus. The functions of the ovaries must have been active in order that she could have conceived three times since; and it is not probable that these three ovules were the only ones brought to maturity. We must admit that the process of ovulation has taken place in her, as in other women, from the day when she had completely recovered. If the uterus did

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not respond to the appeal of the ovaries, and did not furnish any sanguineous discharge, it is, without doubt, owing to the modification which it had undergone in its exposure to the air, and, by the morbid phenomena of which it had been the seat following the reduction. It is, perhaps, possible, that the menses were replaced by a leucorrhœa; and if that failed it is because the exfoliation of the mucous membrane had brought on destruction, more or less complete, of the muciparous glands. In spite of this, and in remaining incapable of permitting a flow of blood, or to furnish a secretion of mucus, it, nevertheless, reserved the qualities necessary to receive a fecundated germ, and permit it to attach itself and develop, under conditions perfectly physiological.

These two cases certainly prove, that women subject to amenorrhœa are not condemned to sterility; and this question can have great importance in regard to marriage. (Gallard.)

And here let me mention another idea, which may account for some of these exceptional cases of menstruation continuing after the removal of ovaries, viz.: that of supernumerary ovaries. Courty (of Montpellier, France), states: "We have met with veritable supernumerary ovaries containing Graafian follicles and ovules." Schrœder says there is one case reported by Grohe, and one by Klebs, in which three ovaries were present, two on one side. According to Biegel, supernumerary ovaries are more frequent than it is supposed. This anatomist has met with twenty-three in five hundred autopsies of adults, situated almost always along the peritoneal border of the normal organ.

In the transactions of the American Gynæcological Society, held last month in Philadelphia, a paper was read on menstruation after the extirpation of ovaries, by Dr. Campbell, of Georgia, which called forth a discussion, in which Dr. Goodell, of Philadelphia, was inclined to think that some of the ovarian structure was left, in cases where bloody discharges continued for any great length of time. Dr. Garrigues, of New York, said, in these cases of prolonged bloody discharges, the possibility of the existence of three ovaries

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should be borne in mind. He cited a case in which the patient recovered after both ovaries had been removed, and subsequently was married and bore a healthy child.

Dr. Gaillard Thomas, of New York, stated that he had removed both ovaries between fifty and sixty times, and followed up cases as well as possible, and the impression which had been left upon his mind was that, unquestionably, when the ovaries are present, menstruation is the rule; and when the ovaries are removed, menstruation is the exception. He believed that the so-called menstruation, occurring after the removal of both ovaries, was a metrostaxis, arising from the fixed habit which the uterus has of giving forth menstrual blood, under the control of the nervous supply of the ganglionic system, which continues to exert its influence after removal of these organs. He did not recall a case in which menstruation had occurred for thirteen months, as in a case cited by Dr. Emmet. Dr. Thomas cited a case in which he found three ovaries. His increasing experience led him to believe that the old view is the correct one, namely: that the ovulation is the main factor in menstruation.

Thus, we see that these exceptions have led many modern writers to deny the ovular theory of menstruation, and their views are certainly worthy of consideration; but they do not seem to justify the conclusion that menstruation is a physiological process, altogether independent of the development and maturation of the Graafian follicle. All general theories relative to this function are as yet premature, in the present state of our knowledge. The weight of evidence remains strongly in favor of the ovular theory, which is generally received. Surely, here is a wide field for the researches of scientific workers.

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XVI.

SOME FACTS REGARDING GYNÆCOLOGICAL PRACTICE.

BY L. A. PHILLIPS, M. D., BOSTON.

AMONG general practitioners, of our school especially, there is a prevailing disposition to ignore or even to sneer at the representations and claims of those who practice a specialty, or give prominence to any one class of diseases, — and particularly gynæcologists; and the disposition is encouraged and stimulated by some who would be-little anything not done by themselves, as manifested in the reports of the recent session of the American Institute of Homœopathy, as published in some of the medical journals. One of the most interesting and largely attended meetings of the whole series, as well as a special session for discussion, was dismissed with the remark, "The enthusiasts in gynæcology occupied this session!" — as if the question of how best and quickest to relieve the sufferings of women was of less importance and interest than whether to use little or much *Carbolic Acid* in connection with surgical operations. I refer to this not for the purpose of scolding, but to direct your attention to some facts regarding gynæcological practice which will indicate the unreasonableness of those harboring this prejudice, and the injustice done by them not so much to specialists, as to some of their own patients. Cases are frequently reported by these very men (and a much larger number occur of which no mention is made), that continue under their treatment month after month, and even year after year, with little or no improvement, or until both patient and physician are tired and discouraged, and a change of climate or a trip to Europe is recommended as much to give the physician rest and relief, as for the possible benefit to the patient. Now it is a fact which has been demonstrated over and over

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again, that many of these cases which do not and never would yield to general treatment, can be radically cured by the skilful specialist, and that often in a comparatively short time. Nor is this strange; for one who has patiently and persistently studied, and, with an eye to minute details, has observed and compared a large number of similar cases, who is dealing with such cases so constantly as to have all the points fresh in mind, can oftentimes make a diagnosis of conditions, or find a cause for the same, which only an expert could expect to discover; and the same difference exists regarding methods, and means of treatment by which a cure may be most speedily and surely effected.

It can certainly afford neither satisfaction nor credit to a physician to have such cases continue unimproved under his care; and is it not a manifest injustice to his patient if there is a *probability* even, that she would be cured by a specialist, to whom he might send or take her? From the testimony of the physicians themselves, it is shown that at least fifty per cent of the cases of leucorrhœa which come under their treatment, receive little or no benefit, the difficulty continuing despite the most persistent and persevering efforts.

It is no less certain that at least fifty per cent of these seeming incurables would be cured by the specialist. The reason is obvious: Symptomatic indications alone will not discover in all cases the cause and origin of the difficulty as they are so various and oftentimes obscure, while success in treatment is generally, if not always, dependent upon a knowledge of the cause, and the proper adaptation of the treatment thereto. I have seen numerous cases of uterine hæmorrhage, menorrhagic, and metrorrhagic which a careful application of Homœopathic remedies, by physicians in charge, failed to cure, even if temporary control could in some instances be gained; and because, all unknown to them, oftentimes, an intra-uterine polypus, either mucous or fibrous, granular endometritis or retained products of conception were present as a direct cause, and while either of these remained NO internal remedy *could* cure. Some treat these cases without *knowing* of the exciting cause, while others, if

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they recognized the existing condition, would not apply the proper means of cure, which the gynæcologist would certainly do. Again, I have seen cases which required *no* operative measures, but which *did* require a correct diagnosis of the pathological conditions, and this being made, and the proper remedies applied in the light of this knowledge, improvement and cure would result, when *no* benefit was derived from the prescriptions of those who ignored pathological conditions.

I might describe in detail, various diseases and conditions which are seldom cured by the general practitioner, which *are* cured or more or less benefited by the specialists, through the instrumentality of the larger facilities which they can command; but my present purpose, and the limits of my paper will not permit.

How many physicians, think you, would continue treating a diseased eye, month after month, without manifest improvement? For myself, I always send any serious case of this kind to an oculist, who I am confident can do better for my patient than I could expect to do. Yet the difficulties of diagnosis and treatment of diseases of the eye, do not compare with those of women's diseases. Now I can think of only two reasons why patient and long-suffering women are continued under a course of treatment long after it has proved itself utterly futile and useless, — the one a mean, mercenary motive, which I would not ascribe to any member of this Society, but which we all know will cause some unprincipled persons to deceive their victims with false representations as to existing conditions and false encouragement regarding the effects of treatment; trusting that their deception will succeed, as it oftentimes does, because the difficulty is out of sight, and the truth or falsity of their representations cannot be verified by the patient or her friends. The other reason is the one I would put on trial to-day, viz.: Prejudice against and want of confidence in gynæcologists as such. I do not want to believe that it is generally a wilful prejudice, but rather that it is due to a misapprehension or ignorance of the facts. If it was generally known or believed that a

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large proportion of their chronic, intractable cases could be cured by the specialists, I have no doubt many would be glad to give their patients the benefit of the chance thus offered; but without giving any credence to our clinical reports, or even waiting to hear what we may have to say, some immediately condemn any one who makes use of any other means than the simple Homœopathic remedy, with such remarks as these: "I will not encourage or countenance any one who resorts to local and surgical treatment; as well go back to Allopathy!" or, "If I knew it would cure them, I would never recommend that kind of treatment."

They would make subjective symptoms the sole dependence; *i. e.*, whatever the patient's imagination may lead her to suppose is her difficulty, whether she may say she has a displacement, a tumor, an inflamed ovary, or ulceration of the womb, this is accepted as a diagnosis. Physical examination is ignored, and even denounced, and the objective symptoms are therefore entirely neglected. Yet these cases are freely reported through the medical journals and in the various medical societies; and we are accused of partiality and prejudice if we decline to credit their claims of curing fibroid and ovarian tumors, displacements, etc., with a few doses of medicine, when they never knew, and never can know, that the reported condition ever existed; for, it often happens, that a woman may think from her feelings that she is afflicted with this disease or that, when a careful examination proves that nothing of the kind is present. Can any man of sound reason and unbiased judgment be expected to accept such reports as reliable clinical experience?

To these men we can only say, "We are sorry for the poor, incurable women that you are sure to have under treatment till they go to some one else, and also suggest that to be consistent you should treat all cases of fracture, dislocaton, gangrene or necrosis, abscesses or burns, on the same plan, and your success will equal that you now have with many forms of women's diseases."

Another class who recognize the necessity for some local aid to internal Homœopathic medication, feel that the gynæ-

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cologists depend almost exclusively upon local measures, and, therefore, have no advantage over specialists of the old school, and are probably not their equals in the application of methods which are assumed to be essentially Allopathic. This is a misapprehension of the facts resulting in part, perhaps, from the natural prominence given to the surgical or mechanical treatment of the difficult cases which they hear reported, while the no less, and frequently more important medicinal treatment, is referred to only by naming the remedies used without detailing their indications or effects. Again the cases likely to be reported are of the class which require some difficult or uncommon operative treatment, while the more numerous class, in which medication is the principal means of cure, are seldom, if ever reported; because the distinctive features and characteristics, and the points of special interest, are less prominent than in the former class; but that our Homœopathic remedies may be fairly credited with a large share of the success attained by our gynæcologists, and that they afford us a very decided advantage over the *best* Allopathic methods, all who have had any considerable experience in this line, can truly testify, while the numerous cases cured by their aid, after the failure of the best old school specialists, furnish ample evidence.

There is still another class of whom I wish to speak: those who are ever on the watch for a chance to disparage and offset our reported successes by the discovery of an occasional case which a specialist has failed to cure. The knowledge of such a case makes these men happy, and they loudly proclaim their opinion, flaunting these cases as evidence that the gynæcologists cannot cure the difficult cases, any more than the general practitioners. They forget, if they ever knew, that "it takes more than one swallow to make a summer."

Any reasonable, unprejudiced, fair-minded person would recognize the fact, that no physician of experience in *any* field of practice, general or special, can claim perfect and unvarying success in all cases treated; and the most *skilful*

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gynæcologists will admit that there are *many* cases which are beyond their power to cure. Moreover, many of these apparent failures, belong to the class which all agree, are curable *only* by a long-continued course of treatment, or by some simple operation, which the patient does not afford the physician an opportunity of applying to her case. Yet she has been treated by the specialist and was not cured, and though the result is due to no fault of his, the case answers the purpose of these critics just as well as any other.

I believe you will all agree with me, that the blind prejudice which leads any one to assume either of these attitudes toward the specialists, is unworthy any member of a profession which should be liberal, progressive, and devoted to the best interests of those who seek relief from their sufferings.

Now, among the members of this Society, there are a dozen or more who have devoted special study, and given prominence in their practice, to the treatment of women's diseases; and with several of these it constitutes nearly their whole business, so that their experience and their ability to manage, successfully, serious cases of this nature, are much greater than the general practitioner can ordinarily possess. If, in the cases of uncertain diagnosis, and those which derive no apparent benefit from general treatment, they would go with their patient to any one of these gynæcologists of their own school, and ascertain just what they had to deal with, and then, continuing themselves in charge of the case, under advice, or transferring it to the care of the specialist, as should seem best, they would find it to their own as well as their patient's advantage; for it is a fact which few seem to realize, that there are hundreds (and when I say hundreds, I know whereof I affirm) — hundreds of women, who, failing to find relief at the hands of their family physicians, are coming from near and far to this dozen of your colleagues to whom I have referred — and why? Not often by the advice of their physicians, but generally through the influence of some friend, who, having herself been successfully treated, *knows* the difference in

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treatment, and in the result to be expected; and *many* of these women feel that their physician was lacking in knowledge or in honesty, or both, or he would not have kept them so long under a course of treatment which produced little or no good result, when he knew, or ought to know, that there were those who make such diseases a specialty, and who could probably do better for them; while those who come by the advice of their physician feel as grateful to him for directing them where relief was found, as to the one who effected the cure, and if the specialist fails to greatly benefit them, they still feel a greater confidence in, and respect for, their physician, for having endeavored to do for them all he could, both directly and indirectly. If you send these cases to old-school specialists, as I know some are in the habit of doing, your patients will generally share with the physician to whom they are sent, the opinion that you tacitly acknowledge the weakness and inadequacy of Homœopathy — when you should maintain, by deed as well as by word, what we all know is a fact: that its superiority is as decided and as manifest, when properly applied, in this as in any other class of diseases.

I know there are those who will charge me with aiming to advertise myself, and invite your patronage to myself; but I assure you, ladies and gentlemen, that I have no such intent, and, furthermore, that I have no occasion to do so. I receive my full share of gynæcological practice, and have an ever-increasing number of earnest advocates, who feel that they are conferring a benefit upon their friends, rather than upon me, in sending them to me for treatment; and while I should be glad to have, in common with other gynæcologists, the confidence and support of the Homœopathic profession, it is from no personal or selfish motive that I have made this plea for the fair, honest recognition of our earnest workers in the field of gynæcology; but, rather, that the sufferings of women may be more generally, more surely, and more speedily alleviated, and also that the best interests of the profession, both general and special, as well as a more hearty good feeling between the two, may be promoted and fostered.

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Trusting that, without offence to any, I may have provoked a thoughtful consideration of the facts presented, I invite a candid discussion of the matter.

XVII.

APHORISMS ON THE METHODS OF PROVING OR TESTING THE EFFICACY OF DRUGS.

J. P. SUTHERLAND, M. D., BOSTON.

MR. PRESIDENT AND MEMBERS OF THE SOCIETY, — It is acknowledged to-day by all thinking minds, professional and lay, that in order to use drugs effectively as curative agents, the physician *must* "possess a perfect knowledge of medicinal agents." The physician is able to fulfil the highest duty of his calling, *i. e.*, to restore health to the sick, only in exact proportion to his knowledge of the *Materia Medica.* The work that has been done by Hahnemann and his followers, in teaching the world *how* to study medicines : in showing physicians the fatal blunder they had been always making, in thinking the greatest good could be done by the largest doses and most complex combinations of drugs : in revealing to all true observers the fact that nature, the power that *keeps* the organism alive and in health, consistently endeavors to restore the functions of the body to a normal condition when they become, as it is called, diseased. All this and much more has been, and now is, the glory of Homœopaths.

It is an old saying amongst us, that the meetings of old school medical societies are chiefly occupied in advancing and discussing theories, pathological, physiological, psychological, &c., on which they base their practice. That old school practitioners have invented, and well-nigh perfected, surgical and general mechanical treatment of diseases ; but they have usually very little to say about *medicines ;* and have even drifted into a method of treatment appropriately called

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expectant, for its placeboes and do-nothingness. Whereas, it has been our boast, that we, the Homœopaths, in our meetings, are chiefly interested in practical discussions of the use of *medicines* in the treatment of diseased humanity, and in the study of the *Materia Medica*. But, judging from the absence of original studies of drugs in the records of this society, for the past few years, and from their absence from the pages of our periodical literature, it is to be feared that ere long our time-honored boast will be on a level with the assumptions of the scions of so-called "old families," who urge the deeds of their ancestors, in justification of their own uselessness.

At the meeting of this society a year ago, the committee on *Materia Medica* made a significant report, which opened the way for a discussion, though none followed.

The report stated that twenty persons had attempted to prove a certain substance, and that the results were negative in every case but one ; and in that one the symptoms recorded were so vague and general, that the conclusions had no practical value. Therefore, the committee considered the attempt a failure, and their labor productive of no result. We think, however, with all deference to the committee in question, that the attempt of those provers was of peculiar worth ; because it showed most emphatically that the substance they used was not capable of disturbing the health of the provers ; nor, therefore, it is to be supposed, that of mankind in general. Certainly this proven fact, though of a negative sort, is richly worth the time and trouble given to establishing it ; since to possess a scientific certainty of what is *not* worth a place in our *Materia Medica*, is surely the next most precious thing to a scientific certainty of what *is*. And we think the committee may congratulate themselves, as for an effort well repaid.

The feature of this committee's report, however, to which we wish especially to call your attention, is the complaint then made, of the extreme difficulty experienced in obtaining ready assistance in drug-proving. The almost impossibility of rousing any practical interest in this matter, has been the

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experience of the present committee; and we must unhappily join our predecessors in concluding that there is an evident "lack of interest" in this most vital subject: a confession which points to a state of things much to be deplored by all those who call themselves Homœopathic physicians.

We give our united and emphatic testimony to the fact, that if there be any interest in the intelligent revision and re-establishment of our *Materia Medica*, such interest is dormant, if not moribund, amongst us. We urge this fact upon your consideration, sure that if its weight and significance do not of themselves rouse your thought and your anxiety, no words of ours can bring about that result. For we need not be told, that our claims as a distinctive body — as Homœopaths — to public confidence and consideration, rest wholly on a more accurate, exhaustive and scientific knowledge of *Materia Medica* than is possessed by any other schools of medicine; and on our ability to apply that knowledge to the restoration of health.

Nothing is more dangerous than a dwelling on the past which results not in an inspiration to present effort, but in an excuse for the absence of such effort. Let it not be said that the old ideal is wholly dead among us — the ideal of men, who, watching appreciatively the laborers in other fields, and rejoicing in the fruits of their labors, yet feel that their own high calling, as Homœopathic physicians, is to patient knowledge and wise use of the medicines which can effect a "speedy, gentle and permanent restitution to health." This, if we would retain our right to exist under the name we honor — this we must do; while there is much else we may not leave undone.

One of the tendencies of our time — a legitimate offspring of the general spirit of inactivity — is the bowing down to authority. It has been said: "Now, authority and fashion, not science, rule everything in medicine." This is amply illustrated every day. Some great and learned individual makes announcement that a certain drug is useful in a given disease, and immediately the dictum goes over the whole world, and finds acceptance; or some one, travelling

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through Russia or Egypt, or among barbarous nations, finds an aged sage, who has the power of curing the most inveterate maladies, and who, for sufficient consideration, parts with the secret, and the "discoverer" sends forth vivid accounts of the wonderful remedy, which are published and re-published; and soon the whole medical world is citing this or that authority for the efficacy of the medicine — while few, indeed, ask the question: What can the drug do to the healthy human or animal organism? — what is the pathogenetic power of the drug? Shall it be enough for us, who call Hahnemann our master, to fall back on authority or fashion?

But we hear it said in every quarter that the method used heretofore, to prove drugs, admits too many errors — is too inaccurate to be of indisputable worth. To quote from an oration delivered before this Society two years ago: "It is plain to every reader of our literature, and every observer of the expressions daily falling from our earnest, busy practitioners, that there is a general and deep dissatisfaction with the old and yet current methods of proving drugs, and with the overgrown and trash-laden volumes, containing our *Materia Medica.*" . . . "This sense of dissatisfaction cannot be denied, and demands especially the attention of those of us who have yet to bear the burden of maintaining and upholding the truth of our belief." Much has been said about condensing and purifying the *Materia Medica*, and your committee desires, at this time, to present to you a plan for working in this direction — which, if well carried out, may prove of great and permanent value. The plan, in its main feature, is not new; it has already been utilized (though not much by Homœopaths), until now there is scarcely a drug of importance that has not been subjected to the test, and "physiological medicine" is the result. We refer to the proving of drugs upon animals, in much the same way, but more carefully, than we have been proving them upon ourselves. In this work we shall have to follow, to some extent, the leadership of the old school, who were acute enough to adopt the plan suggested to them by ourselves, but who are now, by its means, rapidly leaving us behind in acquiring

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minute knowledge of drug-action. We offer this plan in as concise a form as possible, that it may the more readily commend itself to your attention.

Our present *Materia Medica* consists of symptoms — *i. e.*, of actual or positive signs of morbid conditions, and of various indefinite, ambiguous expressions of sensations.

Symptoms and sensations are not properly distinguished. This is what many consider as a reason for correcting and "purifying" the *Materia Medica.*

The means of distinguishing actual, positive signs — symptoms — from unessential, ambiguous sensations, are not hitherto defined as they should be.

A "symptom" or manifestation of a proving (or natural disease) is valueless, unless it distinctly points to, or admits of, interpretation as peculiar to some definite known form of disease.

Unless it indicates some definite pathological state — such an expression elicited by "proving" — it is not an *essential* symptom, but only a sensation — a mental expression — of unessential nature.

The great voluminousness of our *Materia Medica* — *e. g.*, Allen's Encyclopædia bears testimony to this — the very fact that all deviations elicited after proving admit of arrangement under the various parts of the body, is no proof of the validity of such sensations, or of their value as symptoms; notwithstanding the fact that their resemblance to each other seems to show their relation to the parts to which they are ascribed.

The human organism is the most difficult and uncertain subject for obtaining symptoms by ordinary means of proving. The ability to express sensations by language, more or less eloquent, and capable of seemingly sharp definitions of sensations, is the very element leading to misconception and misconstruction.

It should form the final or "control-test," and be, itself, controlled.

Symptoms obtained from *mute subjects,* by observing them under the influence of a drug, and by comparison with mute

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subjects in health, would furnish *fewer*, but more *positive*, signs of drug effects (symptoms).

Before testing any drug on the human subject, it should be tested on the lower animals.

The subjects should be tested in groups of their ORDER: mollusks, radiates, articulates, then vertebrates.

The larger the scale on which it is done, the better; but the means need not, necessarily, be complicated. Thus:

Clams, snails, oysters, may be kept in natural conditions — "mud," water, etc. Radiates, living in salt water, can be easily kept in globes or tanks, wherever an observer lives near the sea.

Insects may be used, and the most common ones, from any order, family, or species obtainable. These can easily be kept and fed in large glass vessels admitting air and food, and opportunities for observation.

The *Vertebrates* furnish many classes which may be tested, fishes and reptiles (frogs, turtles, etc.) The warm-blooded animals are numerous enough, but more difficult to obtain and keep. Rabbits, cats, dogs, rats, mice, are all known and frequently used as test animals.

The young pig has also been used.

In all experiments with animals of all kinds it should be an *invariable rule to have two sets of a kind* — one experimented upon, while the other is left and observed in its normal healthy state; *e. g.*, two glass cases of flies are readily compared.

In testing these animals, another rule, hitherto unobserved, should not be neglected, viz.: in order to observe closely the lower orders under the *influence of some drug*, get many observations, and compare them with *as many* observations of successive higher orders.

This will roughly sketch and indicate the effect of some pathogenetic agent, and will furnish perhaps few, but very reliable, data concerning its positive and essential effects — (pathogenetic).

The method of obtaining such effects should consist in ex-

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posing the various individuals (representing the great orders) to the effects of pathogenetic substances.

I. This may be done by exposing the subject to the fumes of a substance (under cover).

II. By exhibition in food and drink.

III. By direct introduction into the *stomach*, or under the skin, etc.

IV. By dissolving in, or otherwise introducing the pathogenetic substance into the medium inhabited by the subject; *e. g.*, the water or air or earth in which it lives (always comparing the test-subjects with healthy control-subjects, without which, observations would be useless).

The quantity to be introduced depends on the degree of effect sought for.

Though it is not the object to kill animals, the "*lethal-dose*" should always be first determined for every order or group of test-subjects.

Our main object would be to produce an *artificial disease*, carried to the extreme height at which the subject is able to recover — watching carefully the natural *rise*, *acme* and *decline* — all of which can only be done by "doses" short of "lethal," *i. e.*, fatal, which must previously be determined.

In order to produce an artificial disease (gradually rising and then declining), the dose will have also to be determined by experiment first.

It may be regarded as certain that a given dose, large in proportion to the resistance of the subject, will produce a *rapid effect* toward recovery or death.

A different result can undoubtedly be obtained by gradually increased and repeated "insults" or effects of a substance upon a subject.

We should have results obtained by single "insults" (single doses], as well as by *repeated* doses of like size, and also by *graduated* doses.

Numerous observations of a like kind, and on like subjects, should be made (in the presence of control-subjects), and the observations, negative as well as positive, recorded in writing

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at each observation — noting time and every condition (*e. g.*, temperature of room, etc.,) under which it occurred.

THE TEST OF "CURATIVE POWER" AND RULE OF APPLICATION.

Supposing it were possible to carry out, by time and patience, a reliable series of the above tests: *i. e.*, that we had succeeded in producing at will, in a certain kind of subject (*e. g.*, frogs, rabbits, pigs, or even insects), a recognizable pathogenetic state, in short, a disease — a course of positive symptoms — running a certain course, and ending in recovery (in most instances), the next step would be, —

I. To see if under the law or rule of similars (or any other law, rule or theory) such artificial disease could be cut short, arrested, "cured."

II. To see if diseases caused by fatal doses, and known by experiment to end fatally ("lethal") in most instances, can be cut short and turned into recovery by the proper (homœopathic) antagonist.

III. This can only be done by observing the natural course of an artificial pathogenetic condition, in as many instances as possible, and comparing them with as many pathogenetic states (diseases) to which the (probable) antagonist (Homœopathic remedy or antidote) has been applied.

IV. Such antagonists or antidotes may be determined by what is already known concerning the antagonism of medicines, or by what has been determined ("proven") in above experiments, or even by our customary, well-known polychrests.

Were it possible to determine these theories by direct experiment, we should then be masters of the situation.

The experiments tending to prove drugs should begin with the lower organisms, and should only end with provings "on the healthy human subject," after the rudimentary tests — the "rough blocking out" (as it has been called) has been accomplished.

Then the provings on "*homo sapiens*" may begin — and then the rough outline may be compared with human-body-provings, each forming a control-test for the other.

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No text-books should be consulted in these experiments — *conditio sine qua non.*

Comparison with text-books is only admissible *after* completion of *independent* tests.

XVIII.

ON THE NEED OF A STANDARD IN THE PREPARATION OF OUR TINCTURES.

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I WISH to call your attention, in this brief paper, to the wide difference in the estimate of strength of preparations made according to the formulæ given in the homœopathic pharmacopœias now in print. We have at the present time, worthy of mention, not including Gruner's and others of the older works now out of print, three Homœopathic Pharmacopœias, viz: The British Homœopathic Pharmacopœia, The American Homœopathic Pharmacopœia, and Schwabe's "Pharmacopœa Homœopathica Polyglottica."

The latest edition of the "British" was published the latter part of 1882, under the direction of the British Homœopathic Society, and is accepted in England as a standard of authority.

The second and latest edition of the "American," published but a few months since, is the production of an enterprising New York Publishing house.

This latter work, with some few exceptions, follows closely the rules given by Schwabe, in his "Polyglotta," for the preparation of remedies and attenuations, recognizing these, as they state, "to be the rules laid down by Hahnemann."

With the exception of its publishers, I question whether it is accepted as authority by any of the homœopathic pharmacists in this country.

The "Pharmacopœa Homœopathica Polyglottica," by Dr.

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Wilmar Schwabe, of Leipsiz, the latest edition of which was published in 1880, is, I understand, accepted by only a limited number of the physicians and pharmacists of Germany, the older and more comprehensive work of "Gruner" being regarded with greater favor, and recognized as authority by the leading pharmacists, etc.

The "American" following closely the rules and methods of preparation given in the German work, and to this, adding in a very desirable form, the botanical description of plants, also the preparation, properties, and tests of chemicals used, — a feature which the German work does not possess, — has had the effect in this country, to cause the "American" to supersede, and practically set aside the use of the Schwabe Pharmacopœia. The "British" and "American" are, therefore, the works which can properly claim our attention.

I propose to call your notice to the result of a comparison of strength of a few of the tinctures and dilutions made according to the directions given in these works. It is not my purpose to offer any criticism upon either of the works named, but simply to call your attention to the results obtained, and let you draw your own conclusions.

In the preparation of mother tinctures, the effort has been made by the authors of the "British Homœopathic Pharmacopœia," to obtain a uniform strength so that it may always be known exactly how much of the dry, crude material is represented in a given measure of the tincture.

To secure this, they require that we shall first ascertain the quantity of moisture contained in the fresh plant, and to allow for this in making the tincture. The starting-point from which to calculate the strength is made, in every instance, the dry, crude substance. It is claimed as a result, that, with but few exceptions, the mother tincture contains all the soluble matter of one grain of the dry plant in ten minims of the tincture. The method of preparation advised is that of percolation or displacement.

In the "American Homœopathic Pharmacopœia," the rules governing the proportion of measure of *Alcohol*, and

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weight of plant, are arranged in four classes, reference to the class being given under each medicine. The first class are tinctures prepared with equal parts, by weight, of the expressed juice of the plant and *Alcohol*, and the drug power of this tincture is claimed to be one-half, equal to fifty per cent. The first decimal dilution from this is directed to be made with one part tincture to four parts diluted *Alcohol*.

The second class, requires two parts of *Alcohol* to three parts of the plant, and the drug power, in this case, is held to be the same as in the first class, one-half, or fifty per cent. The first decimal dilution is made in the same proportion one part to four.

The third class requires, two parts by weight of *Alcohol* to one part of plant, and the drug power of the tincture produced is said to be one-sixth, equal to sixteen and two-thirds per cent. To make the first decimal dilution we are required to take six parts of tincture to four parts dilute *Alcohol*.

Tinctures of the fourth class are prepared with five parts of *Alcohol*, to one of the plant, and the drug power is claimed to equal but ten per cent. The tinctures produced under this class are said to correspond to the first decimal dilution.

Now, by way of comparison, we will select the root of *Aconite*, from which to prepare a tincture, first according to the formula of the "British," and then by the "American," and compare the strength of each.

Under directions given in the "British," we first ascertain the loss of moisture in the root, and finding this to be in the sample tested, sixty-nine and two-tenths per cent; that is, the root to contain thirty and four-tenths per cent dry material, and sixty-nine and six-tenths per cent of water. This will lead us, by consulting the table prepared, to the quantity and strength of *Alcohol* to be used. In this case, we find that, to each ounce of moist magna prepared, we must add one and nine-hundredths parts of rectified spirit and ninety-nine hundredths parts of proof spirit, which must equal one part of fresh root to two and eight-hundredths parts of *Alcohol* (strength about seventy per cent). The

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drug power of this tincture is claimed to be one-tenth, or in other words to contain all the soluble matter of one grain of the dry root in ten minims of the tincture.

To make *Aconite radix* tincture, according to rules laid down in the "American Homœopathic Pharmacopœia," will require us to take one part of the fresh root to two parts of *Alcohol* (strength, eighty-seven per cent). This, after having been treated by the process of maceration, is said to yield a tincture, the dry powder of which equals one-sixth. In other words, one part root to two and one-half parts *Alcohol.* according to the "British," is said to yield a tincture equal in drug power to ten per cent; whereas, one part root to two parts *Alcohol,* according to the "American," is said to yield a tincture of sixteen and two-thirds per cent.

In the tinctures of *Aconite nap.*, made from the plant, we find still greater difference; for instance, that made from the "British," will represent one part plant to one and ninety-eight hundredths parts of *Alcohol,* the strength of which is claimed to be ten per cent; whereas, that made by the "American" will represent one part expressed juice to one part *Alcohol,* the drug power of which is claimed to be fifty per cent.

It should be considered here, that this tincture made according to the "American," contains only the soluble ingredients contained in the expressed juice, that part remaining in the plant after expression not being used. The tinctures of *Calendula* offer one of the most striking cases of difference in estimate of strength, one part to eighty-six hundredths (something less than equal parts), according to the "British," will yield a tincture of eight per cent; whereas, equal parts juice of plant and *Alcohol,* according to the "American," will yield a tincture of fifty per cent.

Tinctures made from dried substances, such as *Nux Vomica* and *Ignatia,* if made according to the "British Pharmacopœia," will be made in the proportion of one part drug to ten parts *Alcohol;* and the strength is claimed to be ten per cent. The same tincture made in accordance with the "American," would require one part drug to five parts

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Alcohol, and the strength of tincture here claimed to be but ten per cent.

A saturated solution of *Phosphorus* in *Absolute Alcohol*, according to the British, is said to contain one grain of *Phosphorus* in about five hundred and fifty minims; whereas the "American" claims that a saturated solution in ninety-five per cent *Alcohol* contains just one thousandth part of *Phosphorus*.

A saturated solution in *Ether* contains, according to the "British," one two-hundredth part of *Phosphorus;* whereas the "American" considers it to contain double this amount, or one part in one hundred.

Solutions of the acids are made, according to the "British," to represent one tenth part of the anhydrous acid; while, with few exceptions, the first dilution made under the rules of the "American," will contain but one-tenth part of the commercial article.

As I have previously stated, it is not my purpose here to criticise our present Pharmacopœias, but to present to you these few comparisons, which fairly illustrate the differences existing throughout the entire list of remedies. It certainly suggests the query: Do we not need a "Standard of Authority," to be accepted by all Homœopathic pharmacists and physicians?

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